| Case 16-28695 Doc 1 | | Entered 09/07/16 17:36:17 | Desc Main |
|---|---------------------------------|---------------------------|------------------------------------|
| Fill in this information to identify your case: | | age 1 of 62 | |
| United States Bankruptcy Court for the: | | | |
| Northern District of: Illinois (State) | | | |
| Case number (if known) | Chapter you are filing under: | | |
| | Chapter 7 Chapter 11 Chapter 12 | | Chack if this is an |
| | Chapter 13 | | Check if this is an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, "Do you own a car, "the answer would be *yes* if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pá | art 1: Identify Yourself | | |
|----|---|----------------------------|---|
| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your full name | Aaron | |
| | Write the name that is on | First name B | First name |
| | your government-issued picture identification (for | Middle name | Middle name |
| | example, your driver's | Brown | |
| | license or passport | Last name | Last name |
| | Bring your picture identification to your meeting with the trustee. | Suffix (Sr., Jr., II, III) | Suffix (Sr., Jr., II, III) |
| 2. | All other names you | | |
| | have used in the last | First name | First name |
| | 8 years | Middle name | Middle name |
| | Include your married or maiden names. | | |
| | maidonnamos. | Last name | Last name |
| | | First name | First name |
| | | Middle name | Middle name |
| | | Last name | Last name |
| 3. | Only the last 4 digits of your Social | XXX - XX6550 | xxx - xx- |
| | Security number or | OR | OR |
| | federal Individual Taxpayer | 9 xx - xx- | 9 xx - xx- |
| | Identification number (ITIN) | | |

Aaron Case 16-28695 вDoc 1 Filed 09#07/16 Entered 09/07/16 11-7:36:17 Desc Main Debtor 1 Page 2 of 62 Document Document **About Debtor 1:** About Debtor 2 (Spouse Only in a Joint Case): 4. Any business names I have not used any business names or EINs. I have not used any business names or EINs. and Employer Identification Business name Business name Numbers (EIN) you have used in the last 8 years Business name Business name Include trade names and EIN EIN doing business as names EIN EIN 5. Where you live If Debtor 2 lives at a different address: 1017 S 4th Ave., Apt 401-S Number Number Street Street 60153 Maywood Illinois City State Zip Code City State Zip Code Cook County County If your mailing address is different from the one above, fill If Debtor 2's mailing address is different from yours, fill it in it in here. Note that the court will send any notices to you at this here. Note that the court will send any notices to this mailing mailing address. address. Number Street Number Street City Zip Code State City State Zip Code 6. Why you are Check one: Check one: choosing this Over the last 180 days before filing this petition, I have lived district to file for Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. in this district longer than in any other district. bankruptcy I have another reason. Explain. (See 28 U.S.C. §§ 1408.) I have another reason. Explain. (See 28 U.S.C. §§ 1408.)

Debtor 1 Aaron Case 16-28695 BDoc 1 Filed 09407/16 Entered 09407/16 (147):36:17 Desc Main

Document Place 3 of 62

| Part 2: Tell the Court Abo | out Your Bankruptcy Case | | | | |
|---|--|--|--|--|--|
| 7. The chapter of the Bankruptcy Code you are choosing to file under | Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form B2010)). Also, go to the top of page 1 and check the appropriate box. Chapter 7 Chapter 11 Chapter 12 Chapter 13 | | | | |
| 8. How you will pay the fee | I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address. I need to pay the fee in installments. If you choose this option, sign and attach the <i>Application for Individuals to Pay Your Filing Fee in Installments</i> (Official Form 103A). I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the <i>Application to Have the Chapter 7 Filing Fee Waived</i> (Official Form 103B) and file it with your petition. | | | | |
| 9. Have you filed for bankruptcy within the last 8 years? | Ves. District District District | When MM / DD / YYYYY When MM / DD / YYYYY When MM / DD / YYYYY | Case number | | |
| 10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | Yes. Debtor District Debtor District | When | Relationship to you Case number, if known | | |
| 11. Do you rent your residence? | No. Go to line 12. | an eviction judgment against you and do you wa tement About an Eviction Judgment Against You petition. | | | |

Page 4 of 62 Document of the Document of th Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole ◪ No. Go to Part 4. proprietor of any full- or part-time Name and location of business business? Name of business, if any A sole proprietorship is a business you operate as an Number Street individual, and is not a separate legal entity such as a corporation, partnership, or LLC. If you have more than City State Zip Code one sole proprietorship, use a Check the appropriate box to describe your business: separate sheet and Health Care Business (as defined in 11 U.S.C. § 101(27A)) attach it to this petition. Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. Chapter 11 of the If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow **Bankruptcy Code** statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 11 16(1)(B). and are you a small business debtor? No. I am not filing under Chapter 11. For a definition of No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the small business debtor, Bankruptcy Code. see 11 U.S.C. § Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. 101(51D). Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have $\overline{}$ No. any property that Yes. What is the hazard? poses or is alleged to pose a threat of imminent and If immediate attention is needed, why is it needed? identifiable hazard to public health or safety? Or do you Where is the property? own any property Number Street that needs immediate attention? For example, do you own perishable goods, City State Zip Code or livestock that must be fed, or a building that needs urgent repairs?

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Aaron Case 16-28695 BDoc 1

Aaron Case 16-28695 BDoc 1 Filed 09:607/16 Entered 09/07/16 /147/36:17 Desc Main Debtor 1

Page 5 of 62

Explain Your Efforts to Receive a Briefing About Credit Counseling Part 5:

15. Tell the court whether you have received briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1: About Debtor 2 (Spouse Only in a Joint Case): You must check one: You must check one: I received a briefing from an approved credit I received a briefing from an approved credit counseling agency within the 180 days before I filed this counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of bankruptcy petition, and I received a certificate of completion. completion. Attach a copy of the certificate and the payment plan, if any, Attach a copy of the certificate and the payment plan, if any, that you developed with the agency. that you developed with the agency. I received a briefing from an approved credit I received a briefing from an approved credit counseling agency within the 180 days before I filed this counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of bankruptcy petition, but I do not have a certificate of completion. completion. Within 14 days after you file this bankruptcy petition, Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment you MUST file a copy of the certificate and payment plan, if any. plan, if any. I certify that I asked for credit counseling services from I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those an approved agency, but was unable to obtain those services during the 7 days after I made my request, and services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver exigent circumstances merit a 30-day temporary waiver of the requirement. of the requirement. To ask for a 30-day temporary waiver of the requirement, To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required filed for bankruptcy, and what exigent circumstances required you to file this case. you to file this case. Your case may be dismissed if the court is dissatisfied with Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for your reasons for not receiving a briefing before you filed for bankruptcy. bankruptcy. If the court is satisfied with your reasons, you must still If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your payment plan you developed, if any. If you do not do so, your case may be dismissed. case may be dismissed. Any extension of the 30-day deadline is granted only for cause Any extension of the 30-day deadline is granted only for cause

I am not required to receive a briefing about credit counseling because of:

and is limited to a maximum of 15 days.

I have a mental illness or a mental Incapacity.

deficiency that makes me incapable of realizing or making rational decisions

about finances.

Disability. My physical disability causes me to be

unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to

Active duty. I am currently on active military duty in a

military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

I am not required to receive a briefing about credit

and is limited to a maximum of 15 days.

counseling because of:

deficiency that makes me incapable of realizing or making rational decisions

about finances.

Disability. My physical disability causes me to be unable to participate in a briefing in

person, by phone, or through the internet, even after I reasonably tried to

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Page 6 of 62 **Answer These Questions for Reporting Purposes** 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) 16. What kind of debts as "incurred by an individual primarily for a personal, family, or household purpose." do you have? No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. No. Go to line 16c. Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts. 17. Are you filing under No. I am not filing under Chapter 7. Go to line 18. Chapter 7? Do you estimate that Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors? after any exempt property is excluded ✓ No. and administrative ٦ Yes. expenses are paid that funds will be available for distribution to unsecured creditors? **√** 1-49 1,000-5,000 25,001-50,000 18. How many creditors 5,001-10,000 50,001-100,000 50-99 do you estimate that 10,001-25,000 More than 100,000 you owe? 100-199 200-999 **✓** \$0-\$50,000 \$1,000,001-\$10 million \$500,000,001-\$1 billion 19. How much do you \$50,001-\$100,000 \$10,000,001-\$50 million \$1,000,000,001-\$10 billion estimate your assets \$100,001-\$500,000 \$50,000,001-\$100 million \$10,000,000,001-\$50 billion to be worth? \$500,001-\$1 million \$100,000,001-\$500 million More than \$50 billion \$0-\$50,000 \$1,000,001-\$10 million \$500,000,001-\$1 billion 20. How much do you \$50,001-\$100,000 \$10,000,001-\$50 million \$1,000,000,001-\$10 billion estimate your \$100,001-\$500,000 \$50,000,001-\$100 million \$10,000,000,001-\$50 billion liabilities to be? \$500,001-\$1 million \$100,000,001-\$500 million More than \$50 billion Part 7: Sign Below I have examined this petition, and I declare under penalty of perjury that the information provided is true For you and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. x /s/ Aaron Brown Signature of Debtor 2 Signature of Debtor 1 9/7/2016 Executed on Executed on MM / DD / YYYY MM / DD / YYYY

Aaron Case 16-28695 BDoc 1

Debtor 1 Aaron Case 16-28695 BDoc 1 Filed 09407/16 Entered 09407/166/167636:17 Desc Main

First Name Document Page 7 of 62

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page.

X

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| prrect. | ., | | |
|----------------------------------|----------|---------------|-----------------------|
| /s/ Elizabeth Placek | | Date 9/7/2016 | |
| Signature of Attorney for Debtor | | MM / DD / YY | /ΥΥ |
| Flizakath Dlacak | | | |
| Elizabeth Placek Printed name | | | |
| Semrad Law Firm | | | |
| Firm name | | | |
| 20 S. Clark Street | | | |
| Street | | | |
| 28th Floor | | | |
| Chicago | Illinois | | 60603 |
| City | State | | Zip Code |
| Contact phone <u>3124477838</u> | | Email address | eplacek@semradlaw.com |
| | | Illinois | |
| Bar number | | State | |

| | | | | Check if this is an amended filing |
|---------------------------------|-------------------------|------------------|------------------------------|------------------------------------|
| Case number (If known) | | | (Ciato) | |
| United States Bar | nkruptcy Court for the: | Northern | District of Illinois (State) | |
| Debtor 2 (Spouse, if filing) | First Name | Middle Name | Last Name | |
| | Aaron First Name | B Middle Name | Brown Last Name | |

| Pail 1. Summarize four Assets | |
|--|--------------------------------------|
| | Your assets Value of what you own |
| Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$0.00 |
| 1b. Copy line 62, Total personal property, from Schedule A/B | \$3,650.00 |
| 1c. Copy line 63, Total of all property on Schedule A/B | \$3,650.00 |
| Part 2: Summarize Your Liabilities | |
| | Your liabilities Amount you owe |
| Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$0.00 |
| 3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) | \$0.00 |
| 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | |
| 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | \$12,465.00 |
| Your total liabilities | \$12,465.00 |
| Part 3: Summarize Your Income and Expenses | |
| 4. Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$1,857.82 |
| Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22, Column A, of Schedule J | \$2,135.00 |

Aaron Case 16-28695 BDoc 1 Filed 09#07/16 Entered @9/07/16/147:36:17 Desc Main Debtor 1 Page 9 of 62 **Answer These Questions for Administrative and Statistical Records** Part 4: 6. Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. 7. What kind of debt do you have? Vour debts are primarily consumer debts. Consumer debts are those incurred by an individual primarily for a personal, family, or household purpose. 11 U.S.C. § 101(8). Fill out lines 8-10 for statistical purposes. 28 U.S.C. § 159. Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. 8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official \$2,986.28 Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F: From Part 4 on Schedule E/F, copy the following: **Total claim** \$0.00 9a. Domestic support obligations (Copy line 6a.) \$0.00 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) \$0.00 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) \$0.00 9d. Student loans. (Copy line 6f.)

9e. Obligations arising out of a separation agreement or divorce that you did not report as

9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)

priority claims. (Copy line 6g.)

9g. Total. Add lines 9a through 9f.

\$0.00

\$0.00

\$0.00

| Fill in this | information to identify your case: | Day 1 | Filed 00/07/40 | | 17:36:17 Des | c Main |
|--|--|--|--|--|---|---|
| Debtor 1 | Aaron | В | Brown | raye 10 01 02 | | |
| DODIOI 1 | First Name | Middle I | | | | |
| Debtor 2 | | | | | | |
| (Spouse, | if filing) First Name | Middle | Name Last N | lame | | |
| United St | ates Bankruptcy Court for the: | Northern | District of II | linois State) | | |
| Case nun (If known) | nber | | (' | | | |
| Officia | al Form 106A/B | | | | | Check if this is an amended filing |
| Sche | dule A/B: Propei | rty | | | | 12/1 |
| ategory vesponsib rrite your Part 1: | tegory, separately list and deso where you think it fits best. Be ble for supplying correct inforn name and case number (if kno Describe Each Residenc u own or have any legal or equ | as complete and nation. If more s own). Answer eve e, Building, I | I accurate as possible. I pace is needed, attach ery question. _and, or Other Rea | If two married people are filin a separate sheet to this form I Estate You Own or Ha | g together, both are eq . On the top of any add | ually |
| ✓ | No. Go to Part 2 | | | | | |
| | Yes. Where is the property? | | | | | |
| 1.1 | Street address, if available, or o | ther description | What is the property Single-family home | 9 | the amount of any secure | aims or exemptions. Put ed claims on Schedule D: nims Secured by Property. |
| | | uner description | Duplex or multi-uni Condominium or co | | Current value of the entire property? | Current value of the portion you own? |
| | | | Manufactured or m | obile home | | |
| | Number Street | | Investment property Timeshare | 1 | Describe the nature of interest (such as fee si the entireties, or a life | mple, tenancy by |
| | City State | Zip Code | Other | | | |
| | | | Who has an interest Debtor 1 only | in the property? Check one. | Check if this is con (see instructions) | mmunity property |
| | | | Debtor 2 only | | | |
| | | | Debtor 1 and Debtor | or 2 only | | |
| | | | = | debtors and another | | |
| | | | ш | u wish to add about this item | n, such as local | |
| If you | own or have more than one, list he | ere: | | | | |
| 1.2 | | | What is the property Single-family home | | the amount of any secure | laims or exemptions. Put ed claims on Schedule D: nims Secured by Property. |
| | Street address, if available, or o | tner description | Duplex or multi-uni | it building | Creditors who have on | , , |
| | | | Condominium or co | operative | Current value of the entire property? | Current value of the portion you own? |
| | | | Manufactured or m | obile home | ————— | ———— |
| | Number Street | | Land | , | Describe the nature of | vour ownership |
| | | | Investment property Timeshare | ' | interest (such as fee si the entireties, or a life | mple, tenancy by |
| | City State | Zip Code | Other | | | |
| | | | | in the property? Check one. | Check if this is constructions) | mmunity property |
| | | | Debtor 1 only | | | |
| | | | Debtor 2 only | 0 ! | | |
| | | | Debtor 1 and Debto | • | | |
| | | | At least one of the o | debtors and another | | |
| | | | Other information yo property identification | ou wish to add about this item on number: | n, such as local | |

| Debtor 1 Aaron Case 16-28695 BDoc 1 First Name Middle Name | Filed 09:07/16 Entered 09/07/16 | ്ഷെങ്86: <u>17 Desc Main</u> |
|---|--|--|
| 1.3 Street address, if available, or other description | Documeritie Page 11 of 62 What is the property? Check all that apply. Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land | Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property. Current value of the entire property? Current value of the portion you own? |
| Number Street City State Zip Code | Investment property Timeshare Other | Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known. |
| | Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Other information you wish to add about this item, | Check if this is community property (see instructions) |
| | all of your entries from Part 1, including any entries free | |
| Do you own, lease, or have legal or equitable interest is you own that someone else drives. If you lease a vehicle, als B. Cars, vans, trucks, tractors, sport utility vehicles, motorcy No | so report it on Schedule G: Executory Contracts and Unex | |
| 3.1 Make Model: Year: Approximate mileage: Other information: | Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) | Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property. Current value of the entire property? Current value of the portion you own? |
| 3.2 Make Model: Year: Approximate mileage: Other information: | Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only | Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property. Current value of the entire property? Current value of the portion you own? |
| | At least one of the debtors and another Check if this is community property (see instructions) | |

| otor 1 | Aaron Case 16-28695 BDoc 1 | <u>Filed 09\$07√16 Entered</u> 09√07√116 | 6/14√7∞36: <u>17 Des</u> | Civialii | |
|--------|---|---|---|---|--|
| | First Name Middle Name | Document Page 12 of 62 | | | |
| 3.3 | | Who has an interest in the property? Check | Do not deduct secured of | • | |
| | Model: | one. | | ed claims on Schedule D: | |
| | Year: | Debtor 1 only | Creditors Who Have Cla | nims Secured by Property | |
| | Approximate mileage: | Debtor 2 only | Current value of the | Current value of the | |
| | Other information: | Debtor 1 and Debtor 2 only | entire property? | portion you own? | |
| | | At least one of the debtors and another | | | |
| | | Check if this is community property (see | | | |
| | | instructions) | | | |
| 3.4 | Make | Who has an interest in the property? Check | Do not deduct secured d | laims or exemptions. Put | |
| | Model: | one. | the amount of any secured claims on Schedule D. | | |
| | Year: | Debtor 1 only | Creditors Who Have Cla | aims Secured by Property | |
| | Approximate mileage: | Debtor 2 only | Current value of the | Current value of the portion you own? | |
| | Other information: | Debtor 1 and Debtor 2 only | entire property? | | |
| | | At least one of the debtors and another | | | |
| | | | | | |
| | | Check if this is community property (see | | | |
| Exa | | instructions) ner recreational vehicles, other vehicles, and accessorit, fishing vessels, snowmobiles, motorcycle accessories | | | |
| Exa | mples: Boats, trailers, motors, personal watercra | ner recreational vehicles, other vehicles, and accesso | Do not deduct secured c | • | |
| Exa | mples: Boats, trailers, motors, personal watercra No Yes Make Model: | the recreational vehicles, other vehicles, and accessories ft, fishing vessels, snowmobiles, motorcycle accessories Who has an interest in the property? Check one. | Do not deduct secured count the amount of any secure | ed claims on <i>Schedule D:</i> | |
| Exa | mples: Boats, trailers, motors, personal watercra No Yes Make Model: Year: | ner recreational vehicles, other vehicles, and accessories ft, fishing vessels, snowmobiles, motorcycle accessories Who has an interest in the property? Check | Do not deduct secured count the amount of any secure | ed claims on <i>Schedule D:</i> | |
| Exa | mples: Boats, trailers, motors, personal watercra No Yes Make Model: | the recreational vehicles, other vehicles, and accessories ft, fishing vessels, snowmobiles, motorcycle accessories Who has an interest in the property? Check one. | Do not deduct secured count the amount of any secure | ed claims on <i>Schedule D:</i> | |
| Exa | mples: Boats, trailers, motors, personal watercra No Yes Make Model: Year: | who has an interest in the property? Check one. Debtor 1 only | Do not deduct secured of the amount of any secure Creditors Who Have Cla | ed claims on Schedule D: nims Secured by Property | |
| Exa | mples: Boats, trailers, motors, personal watercra No Yes Make Model: Year: Approximate mileage: | who has an interest in the property? Check one. Debtor 1 only Debtor 2 only | Do not deduct secured of the amount of any secure Creditors Who Have Cla | ed claims on Schedule D: nims Secured by Property Current value of the | |
| Exa | mples: Boats, trailers, motors, personal watercra No Yes Make Model: Year: Approximate mileage: | who has an interest in the property? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another | Do not deduct secured of the amount of any secure Creditors Who Have Cla | ed claims on Schedule D: nims Secured by Property Current value of the | |
| Exa | mples: Boats, trailers, motors, personal watercra No Yes Make Model: Year: Approximate mileage: | who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only | Do not deduct secured of the amount of any secure Creditors Who Have Cla | ed claims on Schedule D: nims Secured by Property Current value of the | |
| 4.1 | mples: Boats, trailers, motors, personal watercra No Yes Make Model: Year: Approximate mileage: | who has an interest in the property? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this is community property (see | Do not deduct secured of the amount of any secure Creditors Who Have Classification Current value of the entire property? | ed claims on Schedule D: hims Secured by Property Current value of the portion you own? daims or exemptions. Put | |
| 4.1 | mples: Boats, trailers, motors, personal watercra No Yes Make Model: Year: Approximate mileage: Other information: Make Model: | who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. | Do not deduct secured of the amount of any secure Creditors Who Have Classification Current value of the entire property? Do not deduct secured of the amount of any secure | ed claims on Schedule D: nims Secured by Property Current value of the portion you own? daims or exemptions. Put ed claims on Schedule D: | |
| 4.1 | mples: Boats, trailers, motors, personal watercra No Yes Make Model: Year: Approximate mileage: Other information: Make Model: Year: | who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check | Do not deduct secured of the amount of any secure Creditors Who Have Classification Current value of the entire property? Do not deduct secured of the amount of any secure | ed claims on Schedule D: nims Secured by Property Current value of the portion you own? daims or exemptions. Put ed claims on Schedule D: | |
| 4.1 | mples: Boats, trailers, motors, personal watercra No Yes Make Model: Year: Approximate mileage: Other information: Make Model: | who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. | Do not deduct secured of the amount of any secure Creditors Who Have Classification Current value of the entire property? Do not deduct secured of the amount of any secure | ed claims on Schedule D: nims Secured by Property Current value of the portion you own? daims or exemptions. Put ed claims on Schedule D: | |
| 4.1 | mples: Boats, trailers, motors, personal watercra No Yes Make Model: Year: Approximate mileage: Other information: Make Model: Year: | who has an interest in the property? Check one. Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. Debtor 1 and Debtor 2 only Check if this is community property (see instructions) | Do not deduct secured of the amount of any secure Creditors Who Have Classification Current value of the entire property? Do not deduct secured of the amount of any secure Creditors Who Have Classifications | ed claims on Schedule D: nims Secured by Property Current value of the portion you own? claims or exemptions. Put ad claims on Schedule D: nims Secured by Property | |
| 4.1 | mples: Boats, trailers, motors, personal watercra No Yes Make Model: Year: Approximate mileage: Other information: Make Model: Year: Approximate mileage: | who has an interest in the property? Check one. Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. Debtor 2 only Debtor 3 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only | Do not deduct secured of the amount of any secure Creditors Who Have Classification Current value of the entire property? Do not deduct secured of the amount of any secure Creditors Who Have Classification Current value of the | ed claims on Schedule D: nims Secured by Property Current value of the portion you own? claims or exemptions. Put ed claims on Schedule D: nims Secured by Property Current value of the | |
| 4.1 | mples: Boats, trailers, motors, personal watercra No Yes Make Model: Year: Approximate mileage: Other information: Make Model: Year: Approximate mileage: | who has an interest in the property? Check one. Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only | Do not deduct secured of the amount of any secure Creditors Who Have Classification Current value of the entire property? Do not deduct secured of the amount of any secure Creditors Who Have Classification Current value of the | ed claims on Schedule D: nims Secured by Property Current value of the portion you own? claims or exemptions. Put ed claims on Schedule D: nims Secured by Property Current value of the | |

Debtor 1 Aaron Case 16-28695 BDoc 1 Filed 09407/16 Entered 09407/16 Abriv36:17 Desc Main
First Name Document Page 13 of 62

Describe Your Personal and Household Items

| Do you own or have | e any legal or equitable interest in any of the following items? | Current value of the portion you own? Do not deduct secured claims or exemptions. |
|---|---|--|
| 6. Household goods an | nd furnishinas | |
| | nces, furniture, linens, china, kitchenware | |
| No | | |
| Yes. Describe Us | sed Furniture | |
| 100. 20001130 | oca i unitale | \$1000.00 |
| 7. Electronics Examples: Televisions ar | nd radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music | |
| ☐ No | | |
| Yes. Describe Us | sed Electronics | \$1100.00 |
| 8. Collectibles of value | | |
| | l figurines; paintings, prints, or other artwork; books, pictures, or other art objects; or baseball card collections; other collections, memorabilia, collectibles | |
| | or bacebail data deficitions, ether deficitions, memorabilia, deficitioned | |
| ✓ No | | |
| Yes. Describe | | |
| | s and hobbies graphic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes carpentry tools; musical instruments | |
| ✓ No | | |
| | | |
| Yes. Describe | | |
| 10. Firearms Examples: Pistols, rifles, ✓ No | shotguns, ammunition, and related equipment | |
| Yes. Describe | | |
| | | |
| 11. Clothes Examples: Everyday clot | thes, furs, leather coats, designer wear, shoes, accessories | |
| Yes. Describe Us | sed Clothing | ¢450.00 |
| | oca cistimig | \$450.00 |
| 12. Jewelry Examples: Everyday jewe | elry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, | |
| ✓ No | | |
| Yes. Describe | | |
| 13. Non-farm animals | | |
| Examples: Dogs, cats, b | iras, norses | |
| ✓ No | | |
| Yes. Describe | | |
| 14. Any other personal a | and household items you did not already list, including any health aids you did not list | |
| ✓ No | ,,,,,,,, | |
| Yes. Describe | | |
| | | |
| | e of all of your entries from Part 3, including any entries for pages you have attached mber here | \$2550.00 |

Debtor 1 Aaron Case 16-28695 в Doc 1 Filed 09/07/16 Entered 09/07/16 (Диль 36:17 Desc Main

Middle Name Document Page 14 of 62

Describe Your Financial Assets

Current value of the Do you own or have any legal or equitable interest in any of the following? portion you own? Do not deduct secured claims or exemptions. Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition Yes Cash: 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. ☐ No Institution name: Yes 17.1. Checking account: Chase \$400.00 \$100.00 17.2. Checking account: Bank of America 17.3. Savings account: 17.4. Savings account: 17.5. Certificates of deposit: 17.6. Other financial account: 17.7. Other financial account: 17.8. Other financial account: 17.9. Other financial account: 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts ✓ No Institution or issuer name: Yes 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture **✓** No Name of entity % of ownership: Yes. Give specific information about them

Official Form 106A/B Schedule A/B: Property page 5

| Deb | tor 1 | Aaron Case 16 First Name | -28695 | BDoc 1 Middle Name | Filed 09#07/16 Document | <u>Entered</u> 09/07/116 /147:36: Page 15 of 62 | 17 Desc Main |
|-----|---------------------|--|---------------|------------------------------------|--|---|--------------|
| 20. | Nego Non- | otiable instruments in -negotiable instrumen | clude person | al checks, cash you cannot trar | gotiable and non-negoti niers' checks, promissory n nsfer to someone by signin | able instruments otes, and money orders. | |
| 21. | Exar | rement or pension mples: Interests in IR/ No | A, ERISA, Ke | | | nts, or other pension or profit-sharing plans | 3 |
| | | Yes. List each account separately. | Type of acco | | Institution name: | | |
| | | | Pension plar | · | | | |
| | | | IRA: | | - | | |
| | | | Retirement a | account: | - | | |
| | | | Keogh: | | | | |
| | | | Additional ad | ccount: | | | |
| | | | Additional ad | | | | |
| 22. | Your Exar com | | eposits you h | ave made so th | nat you may continue servic public utilities (electric, gas Institution name: | e or use from a company , water), telecommunications | |
| | ⊻ | Yes | Electric: | | | | |
| | | | Gas: | | | | |
| | | | Heating oil: | | | | |
| | | | Security dep | oosit on rental ι | ınit: With landlord | | \$600.00 |
| | | | Prepaid rent | t: | | | |
| | | | Telephone: | | | | |
| | | | Water: | | | | |
| | | | Rented furni | iture: | | | |
| | | | Other: | | | | |
| 23. | | uities (A contract for No Yes | | yment of mone | ey to you, either for life or for | r a number of years) | |
| | | | | | | | |
| | | | | | - | | |

| Debt | or 1 <u>Aaron Ca</u> First Name | ase 16-2869 | 5 BDoc 1 Middle Name | | Entered 09/07/14 Page 16 of 62 | 6 (1447) i 36: <u>17</u> | Desc Main |
|------|---|--|-------------------------|---|-----------------------------------|--------------------------|---|
| 24. | | n education IRA, ir 330(b)(1), 529A(b), a | | a qualified ABLE progra | m, or under a qualified star | te tuition program. | |
| | ✓ No ☐ Yes | Institution name and | d description. Sep | parately file the records of a | ny interests.11 U.S.C. § 521(| c): | |
| 25. | | able or future inter or your benefit | ests in property | (other than anything list | ted in line 1), and rights or | powers | |
| | ✓ No Yes. Desc | ribe | | | | | |
| 26. | | | | and other intellectual productions and licens | | | |
| | ✓ No Yes. Desc | ribe | | | | | |
| 27. | | nchises, and other ding permits, exclus | | | gs, liquor licenses, professio | nal licenses | |
| | ✓ No Yes. Desc | ribe | | | | | |
| Mor | ey or prope | erty owed to yo | u? | | | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 28. | Tax refunds ov | wed to you | | | | | |
| | | specific information them, including whe | ather | | | Federal: | \$0.00 |
| | you a | Iready filed the return ne tax years | | | | State: | \$0.00 |
| 29. | | | | | | Local: | \$0.00 |
| 29. | | - | mony, spousal sup | oport, child support, mainte | nance, divorce settlement, pro | operty settlement | |
| | ✓ No Ves Gives | specific information | | | | Alimony: | \$0.00 |
| | 103. ONC 0 | peomo imorridadi | | | | Maintenance: | \$0.00 |
| | | | | | | Support: | \$0.00 |
| | | | | | | Divorce settlement: | \$0.00 |
| | | | | | | Property settlement: | \$0.00 |
| 30. | Examples: Unpa | | insurance payme | nts, disability benefits, sick made to someone else | pay, vacation pay, workers' co | mpensation, | |
| | ✓ No | | | | | | |
| | Yes. Descr | ibe | | | | | |

| Debt | tor 1 | Aaron Case 16 First Name | 6-28695 | BDoc 1 Middle Name | Filed 09#07/16 Document | <u>Entered</u> 09/0 7/ผ่ Page 17 of 62 | 166 (11677;i36: <u>17 D</u> | esc Main |
|------|--------------|--|------------------|-----------------------|---|--|-----------------------------|--|
| 31. | | rests in insurance mples: Health, disabi | | rance; health | n savings account (HSA); cr | · · | 's insurance | |
| | ✓ | No Yes. Name the insura of each policy and lis | | ′ | Company name: term life insuracne | | Beneficiary: | Surrender or refund value: \$0.00 |
| 32. | If yo | | of a living trus | | omeone who has died ceeds from a life insurance p | policy, or are currently entitle | d to receive | |
| 33. | Exal | mples: Accidents, em | | | u have filed a lawsuit or mnce claims, or rights to sue | ade a demand for paymer | nt | |
| 34. | Othe to s | Yes. Describe er contingent and et off claims No Yes. Describe | unliquidated | claims of e | very nature, including co | unterclaims of the debtor | and rights | |
| 35. | ✓ | financial assets yo No Yes. Describe | ou did not alre | eady list | | | | |
| 36. | | | | | Part 4, including any entri | | | \$1100.00 |
| Part | 5: | Describe Any B | Business-R | elated Pro | operty You Own or Ha | ave an Interest In. Lis | st any real estate i | n Part 1. |
| 37. | Doy | ou own or have an | ny legal or eq | uitable inter | est in any business-relate | d property? | | |
| | ✓ | No. Go to Part 6. Yes. Go to line 38. | | | | | | Current value of the portion you own? Do not deduct secured claims or exemptions |
| 38. | ✓ | ounts receivable or No Yes. Describe | commission | s you alread | dy earned | | | |
| 39. | Exar | | | | nodems, printers, copiers, fa | x machines, rugs, telephone | s, desks, chairs, electron | c devices |
| | | No Yes. Describe | | | | | | |

| Deb | or 1 Aaron Case It | <u>5-28695_вD0с 1</u> | FIIED U9BGVAIG E | <u> NTEREO</u> OSHO MILO (ilknows6: <u>1/ </u> | <u>esc main</u> |
|--------------|---|--|--|---|---|
| 40. | First Name Machinery, fixtures, eq | Middle Name uipment, supplies you u | Document Pa se in business, and tools of yo | ge 18 of 62 ur trade | |
| | ✓ No | | | | |
| | Yes. Describe | | | | |
| 41. | Inventory | | | | |
| | ✓ No | | | | |
| | Yes. Describe | | | | |
| 42. | Interests in partnershi | ps or joint ventures | | | |
| | ✓ No | | | | |
| | Yes. Give specific information about them | | Name of entity: | % of ownership: | |
| | | | | | <u> </u> |
| 43. (| Customer lists, mailing | lists, or other compilation | ons | | |
| | ✓ No | • | | | |
| | | clude personally identifiable | e information (as defined in 11 U.S | .C. § 101(41A))? | |
| | — П No | | | | |
| | Yes. Descri | ihe | | | |
| | _ | | | | |
| 44. | Any business-related p | roperty you did not alrea | ady list | | |
| | ✓ No | | | | |
| | Yes. Give specific information | | | | |
| | iriioirriatiori | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | dd the dollar value of al art 5. Write that number | to a single | nrt 5, including any entries for p | ages you have attached | |
| Part | | arm- and Commerc | | rty You Own or Have an Interest In | |
| 46. | Do you own or have ar | ny legal or equitable inte | rest in any farm- or commercia | fishing-related property? | |
| | ✓ No. Go to Part 7. | | | | Current value of the |
| | Yes. Go to line 47. | | | | portion you own? Do not deduct secured claims or exemptions |
| 47. | Farm animals Examples: Livestock, pou | ultry, farm-raised fish | | | |
| | ✓ No | | | | |
| | Yes. Describe | | | | |

| Deb | tor 1 | Aaron Case 16-28 | 695 BDoc 1 Middle Name | Filed 09#07/16 Document | Entered 09/07/116 /147/36:17 Page 19 of 62 | Desc | <u>Main</u> |
|--------------|--------------------|--|---------------------------|-----------------------------------|--|---------|-------------|
| 48. | Cro | ps-either growing or har | vested | Bocament | 1 age 13 01 02 | | |
| | ✓ | No | | | | | |
| | | Yes. Describe | | | | | |
| 49. | Farn | n and fishing equipment | implements mach | inery fixtures, and tools | s of trade | | |
| 10. | | No | , implements, maon | mory, natures, and took | or trade | | |
| | | Yes. Describe | | | | | |
| | _ | | | | | | |
| 50. | | n and fishing supplies, c | hemicals, and feed | | | | |
| | | No Yes. Describe | | | | | |
| | ш | Tes. Describe | | | | | |
| 51. | Any | farm- and commercial fis | shing-related proper | ty you did not already li | st | | |
| | | No | | | | | |
| | | Yes. Describe | | | | | |
| E2 A | dd 4b. | a dellar value of all of va | ur ontring from Bort | 6 including any entries | for pages you have etteched | | |
| | | • | | | for pages you have attached | | |
| | | | | | | | |
| | | | | | | | |
| Part | | | | | nat You Did Not List Above | | |
| 53. | | ou have other property on the state of the s | | not already list? | | | |
| | ✓ 1 | No - | · . | | | | |
| | | Yes. Give specific | | | | | |
| | _ i | information | | | | | |
| | | | | | | | |
| | | - J-H | Dest | 7 Mair de de mande de la constant | | | |
| 54. A | dd th | e dollar value of all of yo | ur entries from Part | 7. Write that number he | re | ▶ | |
| | | | | | | | |
| Part | 8. | List the Totals of Ea | ch Part of this F | orm | | | |
| | | | | | | | |
| 55. F | Part 1 | : Total real estate, line 2 . | | | > | | |
| 56. p | oart 2 | total vehicles, line 5 | | | | | |
| 57. P | art 3: | Total personal and house | sehold items, line 15 | \$2550.00 |) | | |
| 58. P | art 4: | Total financial assets, lin | ne 36 | \$1100.00 |) | | |
| 59. F | Part 5 | : Total business-related | property, line 45 | | | | |
| 60. F | Part 6 | : Total farm- and fishing | -related property, lin | ne 52 | | | |
| 61. F | Part 7 | : Total other property no | t listed, line 54 | | | | |
| 62. 7 | Fotal _I | personal property. Add lin | nes 56 through 61 | \$3650.00 |) | | + \$3650.00 |
| | | | | | Copy personal property t | total ► | |
| | | | | | | | \$3650.00 |
| 63. T | otal o | f all property on Schedu | Ile A/B. Add line 55 + | line 62 | | | |

| Filli | n this inform | ation to identify your case | - Dag | Tiled OC | 0/07/4 C Fishers of 00 | 7/16 17:36:17 | Desc Main |
|--|---|---|--|---|--|--|---|
| | | anon to lacinary your case | | Docui | nent Page 20 of C |)Z | |
| Deb | otor 1 | Aaron First Name | | B Middle Name | Brown Last Name | | |
| Dal | 40 | riist name | | Middle Name | Lastiname | | |
| | otor 2 ouse, if filing) | First Name | | Middle Name | Last Name | | |
| Unit | ed States Ba | nkruptcy Court for the: | Northern | 1 | District of Illinois (State) | | |
| | e number nown) | - | | | (ciaic) | | _ |
| <u>Of</u> | ficial F | orm 106C | | | | | Check if this is an amended filing |
| Sc | hedule | e C: The Pro | perty | You Clain | n as Exempt | | 12/1 |
| clair the t For is to exer rece exer prop | each item o state a s mpted up eive certa mption of perty is d lie ldent Which set You ar | apt. If more space is additional pages, we not property you corpecific dollar amount of the amount of a in benefits, and tax 100% of fair marked etermined to exceed the property Your of exemptions are you be claiming state and feder e claiming federal exemptions. | needed rite your laim as ann appl k-exempet value ed that a claim claiming? all nonbank tions. 11 U. | , fill out and atta name and case exempt, you m kempt. Alternat icable statutor of retirement fu under a law the mount, your exempt ? Check one only, exempt cruptcy exemptions. (S.C. § 522(b)(2) | ach to this page as many of number (if known). The state of the amount of cively, you may claim the ry limit. Some exemption ands—may be unlimited if at limits the exemption to exemption would be limited | of the exemption you full fair market value s—such as those for n dollar amount. Howo a particular dollar sed to the applicable such | r health aids, rights to wever, if you claim an amount and the value of the |
| | | ription of the property | operty | Current value of the portion you own Copy the value from Schedule A/B | Amount of the exemption of the check only one box for each | • | cific laws that allow exemption |
| | Brief | | | | | | 725 II CC 5/42 4004/b\ |
| | description | Chase | | \$400.00 | \$400.0 | | 735 ILCS 5/12-1001(b) |
| | Line from Schedule A | /B: <u>17</u> | | | 100% of fair market value applicable statutory limit | e, up to any | |
| | Brief description | Used Furniture | | \$1,000.00 | V | | 735 ILCS 5/12-1001(b) |
| | Line from Schedule A | /B: <u>06</u> | _ | | \$1,000 100% of fair market value applicable statutory limit | | |
| 3. | (Subject to | • | d every 3 y | rears after that for ca | 575? Ises filed on or after the date of adjusted in 1,215 days before you filed this | , | |

No Yes

Filed 09/07/16 Entered 09/07/16/1/36:17 Desc Main Document Page 21 of 62 $\begin{array}{c} \text{Debtor 1} \\ \text{First Name} \end{array} \begin{array}{c} \underline{\text{Aaron Case 16-28695}} \\ \end{array} \begin{array}{c} \underline{\text{B} Doc 1} \\ \underline{\text{Middle Name}} \end{array}$

| Part 2: Addition | nal Page | | | |
|---|---|--|---|------------------------------------|
| • | tion of the property and line A/B that lists this property | Current value of the portion you own Copy the value from Schedule A/B | Amount of the exemption you claim Check only one box for each exemption. | Specific laws that allow exemption |
| Brief description: Line from Schedule A/B: | Used Clothing | \$450.00 | \$450.00 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(a) |
| Brief description: Line from Schedule A/B: | Used Electronics 07 | \$1,100.00 | \$1,100.00 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(b) |
| Brief description: Line from Schedule A/B: | Bank of America | \$100.00 | \$100.00 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(b) |
| Brief description: Line from Schedule A/B: | With landlord | \$600.00 | \$600.00 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(b) |
| Brief description: Line from Schedule A/B: | term life insuracne | \$0.00 | \$0 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(f) |

| = 0 | 016 0060 | | 00/07/4 C Futomed 00/ | 7/16 17:36:17 | Desc Main | |
|------------------------|------------------------------------|--|---|--|--|-------------------------------------|
| Fill in this inform | nation to identify your case | | ameni raye 22 or 0 | | | |
| Debtor 1 | Aaron | В | Brown | | | |
| | First Name | Middle Name | Last Name | | | |
| Debtor 2 | | | | | | |
| (Spouse, if filing | First Name | Middle Name | Last Name | | | |
| United States B | ankruptcy Court for the: | Northern | District of Illinois | | | |
| | | | (State) | | | |
| Case number (If known) | - | | | | | |
| (II KIIOWII) | | | | | | |
| Official F | Form 106D | | | | | neck if this is ar nended filing |
| Schodu | le D. Credit | ore Who Hay | e Claims Secur | ed by Prope | | J |
| Scriedu | ie D. Cieuit | UIS WITH THAT | re Claims Secur | ed by Frope | rity | 12/1 |
| correct infor | mation. If more spa | ace is needed, copy t | rried people are filing toge he Additional Page, fill it o name and case number (if | ut, number the entr | | |
| 1. Do anv cr | editors have claims secu | ired by your property? | | | | |
| | | | r other schedules. You have nothing | else to report on this form | | |
| = | Fill in all of the information | · | Totaler scriedules. Tod have nothing | cise to report or triis form. | | |
| | ili ili ali di tile ililoittiation | Delow. | | | | |
| Part 1: List | All Secured Claims | | | | | |
| 2. List all se | cured claims. If a creditor | has more than one secured | claim, list the creditor separately for | Column A | Column B | Column C |
| | | r has a particular claim, list the etical order according to the | ne other creditors in Part 2. As much creditor's name. | Amount of claim Do not deduct the value of collateral. | Value of collateral that supports this claim | Unsecured portion If any |

| | | ation to identify your case | L | Jocument | Page 23 01 | 0/07/16 17:36:17 02 | 7 Des | c Main | |
|---|---|---|---|--|---|--|---|---|---|
| Debtor | | Aaron First Name | B Middle Nan | Bro ne Las | vn ∶Name | - | | | |
| Debtor | | Tilstranic | Wildaic Hair | no Las | Hamo | | | | |
| | | First Name | Middle Nan | ne Las | Name | - | | | |
| United | States Ba | nkruptcy Court for the: | Northern | District of | Illinois (State) | - | | | |
| Case n | | | | | () | - | | | |
| • | | orm 106E/F | | | | | Ch | eck if this is ar | n amended filing |
| Sch | edu | le E/F: Cre | ditors Wh | o Have I | Jnsecure | ed Claims | | | 12/15 |
| party to 106A/B) are liste the box | any exect and on S d in Sche es on the | utory contracts or une Schedule G: Executory Edule D: Creditors Who | xpired leases that co Contracts and Unex Hold Claims Secur uation Page to this | ould result in a clai opired Leases (Offi ed by Property. If page. On the top o | m. Also list executo cial Form 106G). Do more space is need | t 2 for creditors with NC ory contracts on Schedu o not include any credit ded, copy the Part you n iges, write your name an | ule A/B: Pro ors with par need, fill it o | perty (Officia tially secured ut, number th | al Form d claims that ne entries in |
| 1. D | | ditors have priority unso to Part 2. | ecured claims again | st you? | | | | | |
| ide po Pa | entify wha ossible, list art 1. If mo | t type of claim it is. If a cla | nim has both priority an al order according to th Is a particular claim, lis | nd nonpriority amound the creditor's name. St the other creditor | its, list that claim here f you have more that s in Part 3. | m, list the creditor separate e and show both priority ar n two priority unsecured cl) | nd nonpriority | amounts. As | much as |
| | | | | | | | Total claim | Priority amount | Nonpriority amount |

Aaron Case 16-28695 BDoc 1 Debtor 1 Document Page 24 of 62 List All of Your NONPRIORITY Unsecured Claims Do any creditors have nonpriority unsecured claims against you? No. You have nothing to report in this part. Submit this form to the court with your other schedules. ◪ List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.If you have more than four priority unsecured claims fill out the Continuation Page of **Total claim** 4.1 1ST FINL INVSTMNT FUND \$680.00 Last 4 digits of account number Nonpriority Creditor's Name 3091 GOVERNORS LAKE DR When was the debt incurred? 7/1/2013 Number Street As of the date you file, the claim is: Check all that apply. Contingent **PEACHTREE** 30071 Georgia Unliquidated CORNERS State Zip Code City Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or divorce that Debtor 1 and Debtor 2 only you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt 001 Collection; Collecting for ORIGINAL CREDITOR: MEDICAL PAYMENT **V** Is the claim subject to offset? Other. Specify DATA **V** No Yes AARON SALES & LEASE OW \$1,102.00 Last 4 digits of account number 8306 Nonpriority Creditor's Name 1015 COBB PLACE BLVD NW When was the debt incurred? 1/1/2012 Number Street As of the date you file, the claim is: Check all that apply. Contingent KENNESAW 30144 Georgia Unliquidated Zip Code City State Who incurred the debt? Check one. Disputed ✓ Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that At least one of the debtors and another you did not report as priority claims Check if this claim relates to a community debt Debts to pension or profit-sharing plans, and other similar debts Unsecured Is the claim subject to offset? Other. Specify **✓** No Yes Loyola Univeristy Health Systems \$3,500.00 Last 4 digits of account number Nonpriority Creditor's Name 2160 S. First Ave When was the debt incurred? n/a Number As of the date you file, the claim is: Check all that apply. Contingent 60153 Illinois Maywood Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that At least one of the debtors and another you did not report as priority claims Check if this claim relates to a community debt Debts to pension or profit-sharing plans, and other similar debts

✓ No Yes

Is the claim subject to offset?

Other. Specify_

Medical Bill

Debtor 1 Aaron Case 16-28695 BDoc 1 Filed 09/07/16 Entered 09/07/16 (16/76)36:17 Desc Main First Name Document Page 25 of 62

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

| | After listing any entries on this page, number them beginning wi | th 4.5. followed by 4.6. and so forth. | Total claim |
|-----|--|---|----------------|
| 4.4 | M3 Financial Services | | \$42.00 |
| 4.4 | Nonpriority Creditor's Name | Last 4 digits of account number 7340 | <u>\$42.00</u> |
| | 10330 Roosevelt Rd #200 Number Street | When was the debt incurred? 7/1/2012 | |
| | Number Street | As of the date you file, the claim is: Check all that apply. | |
| | | Contingent | |
| | Westchester Illinois 60154 | Unliquidated | |
| | City State Zip Code Who incurred the debt? Check one. | Disputed | |
| | Debtor 1 only | <u> </u> | |
| | Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 1 and Debtor 2 only | Student loans | |
| | At least one of the debtors and another | Obligations arising out of a separation agreement or divorce that | |
| | | you did not report as priority claims | |
| | Check if this claim relates to a community debt | Debts to pension or profit-sharing plans, and other similar debts | |
| | Is the claim subject to offset? | 001 Collection; Collecting for ORIGINAL CREDITOR: MEDICAL PAYMENT | |
| | ✓ No | Other. Specify DATA | |
| | Yes | | |
| 4.5 | M3 Financial Services Nonpriority Creditor's Name | Last 4 digits of account number 7167 | \$28.00 |
| | 10330 Roosevelt Rd #200 | When was the debt incurred? 7/1/2012 | |
| | Number Street | | |
| | | As of the date you file, the claim is: Check all that apply. | |
| | Westchester Illinois 60154 | Contingent | |
| | City State Zip Code | Unliquidated | |
| | Who incurred the debt? Check one. Debtor 1 only | Disputed | |
| | | Type of NONPRIORITY unsecured claim: | |
| | Debtor 2 only | Student loans | |
| | Debtor 1 and Debtor 2 only | Obligations arising out of a separation agreement or divorce that | |
| | At least one of the debtors and another | you did not report as priority claims | |
| | Check if this claim relates to a community debt | Debts to pension or profit-sharing plans, and other similar debts | |
| | Is the claim subject to offset? | 001 Collection; Collecting for ORIGINAL | |
| | ✓ No | Other. Specify DATA | |
| | Yes | ' ' | |
| 4.6 | NATIONWIDE CREDIT & CO | Last 4 digits of account number 6136 | \$375.00 |
| | Nonpriority Creditor's Name 815 COMMERCE DR STE 270 | | |
| | Number Street | When was the debt incurred? 2/1/2015 | |
| | | As of the date you file, the claim is: Check all that apply. | |
| | OAK BROOK Illinois 60523 | Contingent | |
| | City State Zip Code | Unliquidated | |
| | Who incurred the debt? Check one. | Disputed | |
| | Debtor 1 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 2 only | Student loans | |
| | Debtor 1 and Debtor 2 only | Obligations arising out of a separation agreement or divorce that | |
| | At least one of the debtors and another | you did not report as priority claims | |
| | Check if this claim relates to a community debt | Debts to pension or profit-sharing plans, and other similar debts | |
| | Is the claim subject to offset? | ✓ 001 Collection; Collecting for ORIGINAL | |
| | ✓ No | CREDITOR: MEDICAL PAYMENT Other. Specify DATA | |
| | Yes | Outor Openity | |

Debtor 1 Aaron Case 16-28695 BDoc 1 Filed 09:07/16 Entered 09/07/16 1/36:17 Desc Main
First Name Documer' Page 26 of 62

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

| | After listing any entries on this page, number them beginning w | vith 4.5, followed by 4.6, and so forth. | Total claim |
|-----|---|---|-------------|
| 4.7 | Northwestern Medical Group Nonpriority Creditor's Name 26609 Network place Number Street Chicago Illinois 60673 City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Is the claim subject to offset? No Yes | Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Medical Bill | \$3,500.00 |
| 4.8 | TROJAN PROFE Nonpriority Creditor's Name P.O. BOX 1270 Number Street LOS ALAMITOS California 90720 City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Is the claim subject to offset? Yes | - Last 4 digits of account number9956 When was the debt incurred?5/1/2015 As of the date you file, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed Type of NONPRIORITY unsecured claim: □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts □ Collection; Collecting for ORIGINAL Other. Specify CREDITOR: MEDICAL | \$238.00 |
| 4.9 | West Lake Hospital Nonpriority Creditor's Name 1225 w lake st Number Street Melrose Park Illinois 60160 City State Zip Code Who incurred the debt? Check one. ✓ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim relates to a community debt Is the claim subject to offset? ✓ No ☐ Yes | Last 4 digits of account number When was the debt incurred? | \$3,000.00 |

Debtor 1 Aaron Case 16-28695 BDoc 1 Filed 09407/16 Entered 09407/16 Abriv36:17 Desc Main
First Name Document Page 27 of 62 Part 4: Add the Amounts for Each Type of Unsecured Claim

| Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim. | | | | | | |
|---|--|--------------|--|--|--|--|
| | | Total claims | | | | |
| Total claims from Part 1 | 6a. Domestic support obligations. 6a | \$0.00 | | | | |
| IIOIII Fait I | 6b. Taxes and certain other debts you owe the government 6b | \$0.00 | | | | |
| | 6c. Claims for death or personal injury while you were intoxicated 6c | \$0.00 | | | | |
| | 6d. Other. Add all other priority unsecured claims. Write that amount here. | \$0.00 | | | | |
| | 6e. Total. Add lines 6a through 6d. | \$0.00 | | | | |
| | | Total claims | | | | |
| Total claims from Part 2 | 6f. Student loans 6f. | \$0.00 | | | | |
| | 6g. Obligations arising out of a separation agreement or divorce 6g that you did not report as priority claims | \$0.00 | | | | |
| | 6h. Debts to pension or profit-sharing plans, and other similar 6h debts | \$0.00 | | | | |
| | 6i. Other. Add all other nonpriority unsecured claims. Write that 6i. amount here. | \$12,465.00 | | | | |
| | 6j. Total. Add lines 6f through 6i. 6j. | \$12,465.00 | | | | |

| | • • | שטכ | umem rayezo | 0 01 02 | |
|---------------------------------|--|-------------------------------|--------------------------------|---|-----------------------------------|
| Debtor 1 | Aaron | В | Brown | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse, if filin | ^{ng)} First Name | Middle Name | Last Name | | |
| United States I | Bankruptcy Court for the: | Northern | District of Illinois (State) | | |
| Case number | | | (State) | | |
| , | Form 106G | | | | Check if this is a amended filing |
| Schedu | lle G: Execut | ory Contracts | and Unexpire | ed Leases | 12/1 |
| space is neede case number (| ed, copy the additional p (if known). | | entries, and attach it to this | equally responsible for supplying correct inf s page. On the top of any additional pages, w | |
| No. Ch | neck this box and file this for | m with the court with your ot | her schedules. You have noth | ing else to report on this form. | |
| ✓ Yes. Fi | II in all of the information be | elow even if the contracts or | leases are listed on Schedule | A/B: Property (Official Form 106A/B). | |
| | | | | n state what each contract or lease is for (for examples of executory contracts and unexpired lease | |
| Perso | on or company with whor | n you have the contract or | · lease | State what the contract or lease is for | pr |
| 2.1 Maywoo | od Apartments | | | Residential Lease, | |
| Name | · | | | Debtor is Lessee, one year lease, expires 12/1/16 | |
| 1017 S 4 | 4th Ave | | | 5.13 your rouse, expired 12 1/10 | |
| Number | Street | | | | |
| Maywoo | od Illi | nois 6015 | 3 | | |
| City | St | ate Zip C | Code | | |

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Desc Main

Fill in this information to identify your case:

| Fill in this info | rmation to identify your case: | Deed Filed C | 00/07/4 C | 7/16 17:36:17 | Desc Main |
|------------------------|--------------------------------|----------------------------------|-----------------------|-------------------------------------|--|
| | mation to identify your case. | | inieni Paye 29 (|) | |
| Debtor 1 | Aaron | В | Brown | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse, if filir | ng) First Name | Middle Name | Last Name | | |
| United States | Bankruptcy Court for the: | Northern | District of Illinois | | |
| | | | (State) | | |
| Case number (If known) | | | | | |
| (II KIIOWII) | | | | | Colored Williams |
| | | | | | Check if this is a amended filing |
| Official | Form 106U | | | | ariended illing |
| Jiliciai | Form 106H | | | | |
| Schedu | le H: Your Co | debtors | | | 12/1 |
| No Yes Within th | ne last 8 years, have you liv | | • • | | <i>ri</i> es include Arizona, California, Idaho, |
| | Go to line 3. | to race, reside, read in giori, | and widoonomi, | | |
| | Did vour spouse, former spo | ouse, or legal equivalent live | with you at the time? | | |
| | No | , | , | | |
| | | ate or territory did you live? _ | Fill in the | name and current address of the | nat person. |
| | Name of your spouse, for | mer spouse, or legal equival | ent | _ | |
| | Number Street | | | _ | |
| | City | State | Zip Code | _ | |
| | | | | | |
| as a code | ebtor only if that person is | a guarantor or cosigner. I | | ne creditor on <i>Schedule D</i> (O | t the person shown in line 2 again fficial Form 106D), Schedule E/F olumn 2. |

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

Column 1: Your codebtor

| Fill in this information to identify | tv vour case: | 107/10 F | to | 7/16 17 | :36:17 De: | sc Main | 1 |
|--|---|-----------------------------------|--------------------------|--------------------|---------------------------------|---------------|----------------------------------|
| | Boodi | 110111 - 1 49 | 0 00 01 0 | | | | |
| Debtor 1 Aaron First Name | B Middle Name | Brown Last Name | | | | | |
| Debtor 2 | Middle Name | Lastivario | | | Check if this is: | | |
| (Spouse, if filing) First Name | Middle Name | Last Name | | | An amended fil | ling | |
| United States Bankruptcy Court for the: | Northern | District of Illinois (State) | | | A supplement sexpenses as of | | st-petition chapter 1 g date: |
| Case number | | (Clais) | | | | - | |
| (If known) | | | | | MM / DD / YY | ΥΥ | |
| Official Form 106I | | | | | | | |
| Schedule I: Your Inc | come | | | | | | 12/1 |
| responsible for supplying colinclude information about you information about your spous pages, write your name and control Part 1: Describe Employme | ur spouse. If you are sepse. If more space is need ase number (if known). A | parated and yo ed, attach a se | our spouse parate she | is not filin | g with you, do | not incl | ude |
| Fill in your employment | | Debtor 1 | | | Debtor 2 | | |
| information. | Employment status | ✓ Employed | | | Employed | | |
| If you have more than one | | Not Employed | d | | Not Employed | | |
| job, attach a separate page with | | Not Employe | u | | Not Employed | 1 | |
| information about additional | Occupation | Sales Mens | | | | | |
| employers. | Employer's name | Nordstrom Inc. | | | | | |
| Include part time, seasonal, | Employer's address | 1700 Seventh Av | enue Suite 1000 |) | | | |
| or self-employed work. | | Number Street | | | Number Street | | |
| Occupation may include | | | | | | | |
| student or homemaker, if it applies. | | | | | | | - |
| or normanor, in cappings. | | Seattle City | Washington State | 98101 Zip Code | City | State | Zip Code |
| | | • | State | Zip Code | , | | _p |
| | How long employed there? | 9 years | | | | | |
| Part 2: Give Details About Estimate monthly income as of the are separated. | - | nave nothing to repo | rt for any line, v | vrite \$0 in the s | space. Include your | non-filing sp | ouse unless you |
| If you or your non-filing spouse have m a separate sheet to this form. | ore than one employer, combine t | the information for a | ll employers for | that person on | the lines below. If y | ou need mo | ore space, attach |
| | | | For De | btor 1 | For Debtor 2 or non-filing spou | | |
| List monthly gross wages, sala deductions.) If not paid monthly, c | | | | \$2,743.30 | | | |
| 3. Estimate and list monthly ove | rtime pay. | 3. | | + \$0.00 | | | |
| 4. Calculate gross income. Add li | ne 2 + line 3. | 4. | | \$2,743.30 | | | |

Entered @94074466 427636:17 Debtor 1 Aaron Case 16-28695 BDoc 1 <u>Filed 09#07√16</u> First Name Documentame Page 31 of 62 For Debtor 2 or For Debtor 1 non-filing spouse Copy line 4 here \$2,743.30 5. List all payroll deductions: 5a. Tax, Medicare, and Social Security deductions 5a. \$507.28 5b. Mandatory contributions for retirement plans 5b. \$0.00 5c. Voluntary contributions for retirement plans 5c. \$0.00 5d. Required repayments of retirement fund loans 5d. \$0.00 5e. \$378.20 5e. Insurance 5f. Domestic support obligations 5f. \$0.00 5g. 5a. Union dues \$0.00 5h. Other deductions. Specify: 5h. \$0.00 6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h. \$885.48 6. 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$1,857.82 8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total \$0.00 monthly net income. 8a. 8b. \$0.00 8b. Interest and dividends 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce \$0.00 80 settlement, and property settlement. 8d. Unemployment compensation 8d. \$0.00 8e. Social Security 8e. \$0.00 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies 8f. \$0.00 Specify: 8g. 8g. Pension or retirement income \$0.00 8h. Other monthly income. Specify: 8h. \$0.00 9. **Add all other income** Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h. 9. \$0.00 10. Calculate monthly income. Add line 7 + line 9. 10. \$1,857.82 \$1,857.82 Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. 11. + \$0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. 12. \$1,857.82 Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies Combined monthly income 13. Do you expect an increase or decrease within the year after you file this form? Yes. Explain:

| | 016 0000 | | 0/07/4 C | 7/16 17,00:17 | Doco Ma | nin |
|----------------------------------|--|--|--|------------------------------------|------------------|---------------|
| Fill in this info | rmation to identity your case | | ment raye 32 or 02 | 7/16 17:36:17 | Desc Ma | dII I |
| Debtor 1 | Aaron | В | Brown | | | |
| | First Name | Middle Name | Last Name | | | |
| Debtor 2 (Spouse, if filing | ng) First Name | Middle Name | Last Name | Check if this is: | | |
| | | Middle Name | | An amended filing | | |
| United States | Bankruptcy Court for the: | Northern | District of Illinois (State) | A supplement sh expenses as of the | | |
| Case number | | | (State) | experience de er a | io ioliowing dat | |
| (If known) | | | | MM / DD / YYYY | | |
| Official | Form 106J | | | | | |
| | | | | | | |
| Schedu | ile J: Your Ex | penses | | | | 12/ |
| nformation. If (if known). An | more space is needed, a swer every question. | attach another sheet to this | e filing together, both are equally re form. On the top of any additional | | | ımber |
| | scribe Your Househo | old | | | | |
| 1. Is this a jo | int case? | | | | | |
| ✓ No. G | o to line 2 | | | | | |
| Yes. I | Does Debtor 2 live in a se | parate household? | | | | |
| | No | | | | | |
| | Yes. Debtor 2 must file | Official Forms 106J-2, Expen | ses for Separate Household of Debtor | 2. | | |
| 2. Do you ha | ve dependents? | 0 | | | | |
| Do not list [| = | es. Fill out this information for | Dependent's relationship to | Dependent's | Does dep | endent live |
| Debtor 2. | ea | ach dependent | Debtor 1 or Debtor 2 | age | with you? | |
| • | of people other | 0 | | | | |
| expenses than | or people earler | | | | | |
| yourself ar | - | <i>*</i> S | | | | |
| dependen | ts? | | | | | |
| Part 2: Est | imate Your Ongoing | Monthly Expenses | | | | |
| - | of a date after the bankr | | you are using this form as a supple plemental Schedule J, check the b | • | - | he |
| | | ash government assistance on Schedule I: Your Income | | | | Your expenses |
| | I or home ownership exp for the ground or lot. 4. | enses for your residence. In | clude first mortgage payments and | | 4. | \$690.00 |
| If not inc | cluded in line 4: | | | | | |
| 4a. Real e | estate taxes | | | | 4a | \$0.00 |
| 4b. Prope | erty, homeowner's, or renter | 's insurance | | | 4b. | \$0.00 |
| 4c. Home | maintenance, repair, and up | pkeep expenses | | | 4c. | \$0.00 |

\$0.00

4d.

4d. Homeowner's association or condominium dues

Debtor 1 Aaron Case 16-28695 B Doc 1 Filed 09/07/16 Entered 09/07/16 (147/36:17 Desc Main

Document Page 33 of 62 Your expenses 5. Additional mortgage payments for your residence, such as home equity loans \$0.00 5. 6. Utilities: 6a. Electricity, heat, natural gas \$150.00 6a. 6b. Water, sewer, garbage collection \$0.00 6b. 6c. Telephone, cell phone, Internet, satellite, and cable services \$200.00 6c. 6d. Other. Specify: \$0.00 6d 7. Food and housekeeping supplies \$400.00 7. 8. Childcare and children's education costs \$0.00 8. 9. Clothing, laundry, and dry cleaning \$150.00 9. 10. Personal care products and services \$150.00 10. 11. Medical and dental expenses \$40.00 11. 12. Transportation. Include gas, maintenance, bus or train fare. \$200.00 12. Do not include car payments 13. Entertainment, clubs, recreation, newspapers, magazines, and books \$0.00 13. 14. Charitable contributions and religious donations \$50.00 14. 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance \$105.00 15a 15b. Health insurance \$0.00 15b 15c. Vehicle insurance \$0.00 15c 15d. Other insurance. Specify: \$0.00 15d 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. \$0.00 16 17. Installment or lease payments: 17a. Car payments for Vehicle 1 \$0.00 17a 17b. Car payments for Vehicle 2 17b \$0.00 17c. Other. Specify: \$0.00 17c 17d. Other. Specify: \$0.00 17d 18. Your payments of alimony, maintenance, and support that you did not report as deducted from \$0.00 your pay on line 5, Schedule I, Your Income (Official Form 106l). 18. 19. Other payments you make to support others who do not live with you. Specify: \$0.00 19. 20.Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property \$0.00 20a 20b. Real estate taxes. \$0.00 20b 20c. Property, homeowner's, or renter's insurance \$0.00 20c 20d. Maintenance, repair, and upkeep expenses. \$0.00 20d

\$0.00

20e

20e. Homeowner's association or condominium dues

| Debtor 1 Aaron Case 16-28695 BDoc 1 Filed 09#07#16 Entered 09#07#16@14#76w36: | 17 Desc | <u>Main</u> |
|---|---------|----------------------|
| Document Page 34 of 62 | | ¢0.00 |
| 21. Other. Specify: | 21 | \$0.00 |
| 22. Calculate your monthly expenses. | | ¢0.425.00 |
| 22a. Add lines 4 through 21. | | \$2,135.00 \$0.00 |
| 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | | \$2,135.00 |
| 22c. Add line 22a and 22b. The result is your monthly expenses. | 22. | φ2,133.00 |
| 23. Calculate your monthly net income. | | |
| 23a. Copy line 12 (your combined monthly income) from Schedule I. | 23a | \$1,857.82 |
| 23b. Copy your monthly expenses from line 22 above. | 23b | \$2,135.00 |
| 23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income. | 23c | (\$277.18) |
| 24. Do you expect an increase or decrease in your expenses within the year after you file this form? | | |
| For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage? | | |
| ✓ No | | |
| ☐ Yes | | |
| Explain here: | | |
| | | |
| | | |
| | | |
| | | |
| | | |

| | | 4 - 10 | 0/07/40 = : . | | |
|---------------------------|--|-----------------------------|--------------------------------|------------------------------------|--------------------------------------|
| Fill in this | information to identify your case | | | 7/16 17:36:17 | Desc Main |
| Debtor 1 | Aaron | B | Brown | 01 02 | |
| DODIOI 1 | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse, i | f filing) First Name | Middle Name | Last Name | _ | |
| United Sta | ates Bankruptcy Court for the: | Northern | District of Illinois | | |
| 0 | L | | (State) | | |
| Case num (If known) | | | | | |
| | | | | | Check if this is an |
| Offici: | al Form 106Ded | <u>2</u> | | | amended filing |
| Decla | ration About ar | ı Individual De | btor's Schedu | ıles | 12/15 |
| | ried people are filing together | | | | |
| | | | | | |
| | | | | | ing property, or obtaining money or |
| property b 1519, and 3 | | ankruptcy case can result i | in tines up to \$250,000, or i | mprisonment for up to 20 year | rs, or both. 18 U.S.C. §§ 152, 1341, |
| | | | | | |
| Part 1: | Sign Below | | | | |
| | | | | | |
| Did y | ou pay or agree to pay some | one who is NOT an attorney | to help you fill out bankru | ptcy forms? | |
| ✓ | No | | | | |
| | es. Name of person | | Attach Bankruptcv P | Petition Preparer's Notice, Declar | ration. and |
| | · | | Signature (Official Fo | | , |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | er penalty of perjury, I declare hey are true and correct. | that I have read the summa | ary and schedules filed with | h this declaration and | |
| ✗ /s/ A | aron Brown | | × | | |
| Signa | ture of Debtor 1 | | Signature | e of Debtor 2 | |

Date

MM/DD/YYYY

Date 9/7/2016

MM/DD/YYYY

| ebtor 1 | Aaron | В | Brown | aye 30 01 02 | | |
|-----------------------------|---|------------------------|--|--|-----------------------|--|
| | First Name | Middle | | ne | | |
| ebtor 2 Spouse, if filir | ng) First Name | Middle | Name Last Nar | me e | | |
| nited States | Bankruptcy Court for the: | Northern | District of Illin | | | |
| ase number known) | | | (| | | _ |
| fficial | Form 107 | | | | | Check if this amended filir |
| tateme | ent of Financ | ial Affairs | s for Individua | ls Filing for B | ankruptcv | |
| | • | | s and Where You Live | pages, write your name an | ia case number (if kn | iown). Answer every ques |
| What i | s your current marital st | atus? | | | | |
| | arried ot married | | | | | |
| | | | | | | |
| Durina | the last 3 years, have yo | u lived anvwhere | other than where you live | now? | | |
| | | u lived anywhere | other than where you live | now? | | |
| ✓ No |) | · | other than where you live ears. Do not include where yo | | | |
| ✓ No |) | · | | | | Dates Debtor 2 lived there |
| ✓ No | os. List all of the places you | · | ears. Do not include where yo Dates Debtor 1 lived | u live now. | | Dates Debtor 2 lived there Same as Debtor 1 |
| V No | os. List all of the places you | · | ears. Do not include where yo Dates Debtor 1 lived | Debtor 2: | | there |
| V No | ebtor 1: | · | ears. Do not include where your pates Debtor 1 lived there | Debtor 2: Same as Debtor 1 | | there Same as Debtor 1 |
| V No | ebtor 1: | lived in the last 3 ye | Dates Debtor 1 lived there | Debtor 2: Same as Debtor 1 | Zip Code | there Same as Debtor 1 From |
| V No | ebtor 1: | · | Dates Debtor 1 lived there | Debtor 2: Same as Debtor 1 Number Street | Zip Code | there Same as Debtor 1 From |
| Pe No | ebtor 1: | lived in the last 3 ye | Dates Debtor 1 lived there | Debtor 2: Same as Debtor 1 Number Street City State | Zip Code | there Same as Debtor 1 From To |
| De De | ebtor 1: umber Street ty State | lived in the last 3 ye | Pars. Do not include where your control of the part of | Debtor 2: Same as Debtor 1 Number Street City State Same as Debtor 1 | Zip Code | there Same as Debtor 1 From To Same as Debtor 1 |
| De De | es. List all of the places you ebtor 1: Imber Street ty State | lived in the last 3 ye | Pares. Do not include where you bears. Do not include where you bear 1 lived there From To | Debtor 2: Same as Debtor 1 Number Street City State Same as Debtor 1 | Zip Code | there Same as Debtor 1 From To Same as Debtor 1 |

Filed 09#07/16 Entered 09/07/16 /1/3-36:17 Desc Main Documente Page 37 of 62

| tivities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. No Yes. Fill in the details. | | | | | | | |
|---|--|---|--|---|--|--|--|
| | Debtor 1 | | Debtor 2 | | | | |
| | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | | | |
| From January 1 of current year until the date you filed for bankruptcy: | Wages, commissions, bonuses, tips Operating a business | \$24562.14 | Wages, commissions, bonuses, tips Operating a business | | | | |
| For last calendar year: (January 1 to December 31, | ✓ Wages, commissions, bonuses, tips ☐ Operating a business | \$22000.00 | Wages, commissions, bonuses, tips Operating a business | | | | |
| For the calendar year before that: (January 1 to December 31, 2014) YYYY | Wages, commissions, bonuses, tips Operating a | \$47500.00 | Wages, commissions, bonuses, tips Operating a | - | | | |
| Did you receive any other income during | | | business | | | | |
| Did you receive any other income during a Include income regardless of whether that income the penefit payments; pensions; rental income; in and you have income that you received togeth List each source and the gross income from a No Yes. Fill in the details. | this year or the two previo ome is taxable. Examples of terest; dividends; money coll ier, list it only once under Deb | other income are alimony; child ected from lawsuits; royalties; a stor 1. | business support; Social Security, uner | | | | |
| Include income regardless of whether that incoenefit payments; pensions; rental income; in and you have income that you received togeth List each source and the gross income from a No | this year or the two previo ome is taxable. Examples of terest; dividends; money coll ier, list it only once under Deb | other income are alimony; child ected from lawsuits; royalties; a stor 1. | business support; Social Security, uner | | | | |
| Include income regardless of whether that incoenefit payments; pensions; rental income; in and you have income that you received togeth List each source and the gross income from a No | this year or the two previo ome is taxable. Examples of terest; dividends; money coll ier, list it only once under Deb each source separately. Do n | other income are alimony; child ected from lawsuits; royalties; a stor 1. | business support; Social Security, uner nd gambling and lottery winnir | Gross income from each source | | | |
| Include income regardless of whether that incoenefit payments; pensions; rental income; in and you have income that you received togeth List each source and the gross income from a No | this year or the two previo ome is taxable. Examples of terest; dividends; money coll ler, list it only once under Deb each source separately. Do no Debtor 1 | other income are alimony; child ected from lawsuits; royalties; and ot or 1. ot include income that you listed Gross income from each source (before deductions and | business support; Social Security, uner nd gambling and lottery winnir d in line 4. Debtor 2 Sources of income | Gross income from each source (before deductions and | | | |
| Include income regardless of whether that incoenefit payments; pensions; rental income; in and you have income that you received togeth List each source and the gross income from a No Yes. Fill in the details. From January 1 of current year until | this year or the two previo ome is taxable. Examples of terest; dividends; money coll ler, list it only once under Deb each source separately. Do no Debtor 1 | other income are alimony; child ected from lawsuits; royalties; and ot or 1. ot include income that you listed Gross income from each source (before deductions and | business support; Social Security, uner nd gambling and lottery winnir d in line 4. Debtor 2 Sources of income | Gross income from each source (before deductions and | | | |

Debtor 1 Aaron Case 16-28695 BDoc 1 Filed 09/07/16 Entered 09/07/16 147:36:17 Desc Main

Middle Name Document Page 38 of 62

List Certain Payments You Made Before You Filed for Bankruptcy Part 3: 6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts? No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425* or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. * Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment. Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? ✓ No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. Dates of payment Total amount paid Amount you still owe Was this payment for... Mortgage Creditor's Name Car Number Street Credit card Loan repayment Suppliers or City State Zip Code vendors Other Mortgage Creditor's Name Car Number Street Credit card Loan repayment Suppliers or City State Zip Code vendors Other Mortgage Creditor's Name Car Number Street Credit card

Citv

Zip Code

State

Loan repayment Suppliers or

vendors

Other

Filed 09#07/16 Entered 09/07/16 117 Desc Main вDoc 1 Debtor 1 Document Page 39 of 62 Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. Yes. List all payments to an insider. Dates of Amount you still Reason for this payment Total amount payment paid owe Insider's Name Number Street City State Zip Code Insider's Name Number Street City State Zip Code Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider. Yes. List all payments that benefited an insider. Dates of Total amount Amount you still Reason for this payment paid payment owe Include creditor's name Insider's Name Number Street City State Zip Code Insider's Name Number Street City State Zip Code

Debtor 1 <u>Aaron Case 16-28695</u> <u>BDoc 1</u> First Name <u>Middle Name</u> Filed 09#07/16 Entered 09/07/16 147:36:17 Desc Main Document Page 40 of 62

Part 4: Identify Legal Actions, Repossessions, and Foreclosures

| No Ye | es. Fill in the details. | | | | | | |
|------------|--|----------|--|---|-----------------|----------|-----------------------|
| | | Natu | ire of the case | Court or a | agency | | Status of the case |
| | Case title | | | | | | Pending |
| | | | | Court Nan | ne | | On appeal |
| | Case number | | | Number St | reet | | Concluded |
| | | | | City | State | Zip Code | |
| | Case title | | | | | | Pending |
| | | _ | | Court Nan | ne | | On appeal |
| | Case number | | | Number St | reet | | Concluded |
| | | _ | | | · - | | |
| | | | | City | State | Zip Code | |
| | No. Go to line 11. Yes. Fill in the information below. | | Describe the pro | pperty | | Date | Value of the |
| | | | Describe the pro | pperty | | Date | Value of the property |
| □ , | | | Describe the pro | perty | | Date | |
| <u> </u> | Yes. Fill in the information below. Creditor's Name | | Describe the pro | | | Date | |
| <u> </u> | Yes. Fill in the information below. | | Explain what ha | ppened | | Date | |
| <u> </u> | Yes. Fill in the information below. Creditor's Name | | Explain what ha | ppened repossessed. | | Date | |
| <u> </u> | Yes. Fill in the information below. Creditor's Name | | Explain what ha | repossessed. | | Date | |
| <u> </u> | Yes. Fill in the information below. Creditor's Name Number Street | Zip Code | Explain what ha | repossessed. foreclosed. garnished. attached, seized, | or levied. | | property |
| <u> </u> | Yes. Fill in the information below. Creditor's Name Number Street | Zip Code | Explain what ha | repossessed. foreclosed. garnished. attached, seized, | or levied. | Date | property Value of the |
| Ϊ, | Yes. Fill in the information below. Creditor's Name Number Street | Zip Code | Explain what ha | repossessed. foreclosed. garnished. attached, seized, | or levied. | | property |
| <u> </u> | Yes. Fill in the information below. Creditor's Name Number Street | Zip Code | Explain what ha | repossessed. foreclosed. garnished. attached, seized, | or levied. | | property Value of the |
| <u> </u> | Yes. Fill in the information below. Creditor's Name Number Street City State 2 Creditor's Name | Zip Code | Explain what ha | repossessed. foreclosed. garnished. attached, seized, | or levied. | | property Value of the |
| <u> </u> | Yes. Fill in the information below. Creditor's Name Number Street City State 2 | Zip Code | Explain what ha | repossessed. foreclosed. garnished. attached, seized, operty | or levied. | | property Value of the |
| <u> </u> | Yes. Fill in the information below. Creditor's Name Number Street City State 2 Creditor's Name | Zip Code | Explain what ha | repossessed. foreclosed. garnished. attached, seized, pperty | or levied. | | property Value of the |
| <u> </u> | Yes. Fill in the information below. Creditor's Name Number Street City State 2 Creditor's Name | Zip Code | Explain what ha Property was Property was Property was Property was Explain what ha Property was Property was Property was Property was Property was | repossessed. foreclosed. garnished. attached, seized, perty pened repossessed. foreclosed. | | | property Value of the |

| Deb | tor 1 | | <u>d 09#07/16 Entered</u> 09/07/116 11.7:30 ocumerit ^e Page 41 of 62 | 6: <u>17 Desc</u> | <u>Main</u> |
|------|----------|--|--|--------------------------|--------------------------|
| 11. | | | creditor, including a bank or financial institution, set | off any amounts f | rom your |
| | | Yes. Fill in the details. | | | |
| | | | Describe the action the creditor took | Date action was taken | Amount |
| | | Creditor's Name | | | |
| | | | | | |
| | | Number Street | | | |
| | | | Last 4 digits of account number: XXXX- | | |
| | | City State Zip Code | | | |
| 12. | | nin 1 year before you filed for bankruptcy, was any o iver, a custodian, or another official? | of your property in the possession of an assignee for | the benefit of cred | itors, a court-appointed |
| | ✓ | No Yes | | | |
| Part | · 5· | List Certain Gifts and Contributions | | | |
| 13. | | | ı give any gifts with a total value of more than \$600 pe | er person? | |
| | ✓ | No Yes. Fill in the details for each gift. | | | |
| | | Gifts with a total value of more than \$600 per person | Describe the gifts | Dates you gave the gifts | Value |
| | | Person to Whom You Gave the Gift | | | |
| | | | | | |
| | | Number Street | | | |
| | | City State Zip Code | | | |
| | | Person's relationship to you | | | |
| | | Person to Whom You Gave the Gift | | | |
| | | Number Street | | | |
| | | City State Zip Code | | | |
| | | Person's relationship to you | | | |
| | | | | | |

| | First Name M | liddle Name | Document Page 42 of 62 | | |
|----------|--|--------------------|---|------------------------------------|---|
| 14. W | Vithin 2 years before you filed for ba | | ou give any gifts or contributions with a total value of m | ore than \$600 to a | any charity? |
| I. | No | | | | |
| Ē | Yes. Fill in the details for each gift o | or contribution. | | | |
| | Gifts or contributions to charitie | es | Describe what you contributed | Date you | Value |
| | that total more than \$600 | | | contributed | |
| | | | - | | |
| | Charity's Name | | | | |
| | - | | - | | |
| | Number Street | | - | | |
| | City State | Zin Codo | - | | |
| | City State | Zip Code | | | |
| Part 6: | List Certain Losses | | | | |
| 15. W | ithin 1 year before you filed for ban | kruptcy or sinc | e you filed for bankruptcy, did you lose anything becaus | se of theft, fire, oth | ner disaster, or |
| ga | ambling? | | | | |
| ✓ | No | | | | |
| | Yes. Fill in the details. | | | | |
| | Describe the property you lost a | nd | Describe any insurance coverage for the loss | Date of your | Value of property |
| | how the loss occurred | | Include the amount that insurance has paid. List | loss | lost |
| | | | pending insurance claims on line 33 of Schedule A/B: | | |
| | | | Property. | | |
| | | | | | |
| Part 7: | List Certain Payments or Tr | ranefore | | | |
| | No Yes. Fill in the details. | r preparers, or cr | redit counseling agencies for services required in your bankru Description and value of any property transferred | Date | Amount of payment |
| | | | bescription and value of any property transferred | payment or transfer was made | Amount of payment |
| | CC Advising | | Credit counseling - 9.76 | 9/7/ | \$9.76 |
| | Person Who Was Paid | | | | , , , , , , , , , , , , , , , , , , , |
| | 703 Washington Ave. Number Street | | - | | |
| | Suite 200 | | | | |
| | | 40700 | - | | |
| | Bay City Michigan City State | 48708 Zip Code | - | | |
| | | | - | | |
| | Email or website address None | | | | |
| | Person Who Made the Payment, if I | Not You | | | |
| | | | | | |
| | Person Who Was Paid | | | | |
| | Number Street | | - | | |
| | | | - | | |
| | - | | - | | |
| | City State | Zip Code | | | |
| | Email or website address | | - | | |
| | | Nat Vo: | - | | |
| | Person Who Made the Payment, if I | NOT YOU | | | |

Debtor 1 <u>Aaron Case 16-28695 в Doc 1 Filed 09/07/16 Entered 09/07/16 /// Desc Main</u>

| | | | ocumente Page | | | | | |
|-----|--|--------------------------------|--|-----------------|-----------------|----------------------|----------|---------------|
| yo | ithin 1 year before you filed for bankrup ou deal with your creditors or to make pa on ot include any payment or transfer that you | tcy, did you o yments to yo | r anyone else acting on you ur creditors? | r behalf pay o | or transfer any | property to anyo | ne who | promised to h |
| J | No | | | | | | | |
| F | Yes. Fill in the details. | | | | | | | |
| _ | res. I ill ill the details. | | | | | | | |
| | | | Description and value of a | ny property | transferred | Date | Amou | unt of paymer |
| | | | | | | payment or | | |
| | | | | | | transfer was made | | |
| | | | | | | maue | | |
| | - N/ N/ D:1 | | | | | | | |
| | Person Who Was Paid | | | | | | | |
| | Number Street | | | | | | | |
| | Number Street | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | City State Zip | Code | | | | | | |
| | , | | | | | | | |
| tra | Insfers that you have already listed on this standard. No Yes. Fill in the details. | atement. | | | | | | |
| | | | Description and value of | any | Describe any | property or paym | nents | Date transf |
| | | | | • | | lebts paid in | | was made |
| | | | property transferred | | | | | |
| | | | property transferred | | exchange | • | | |
| | | | property transferred | | | <u> </u> | | |
| | Person Who Received Transfer | | property transferred | | | | | |
| | | | property transferred | | | · | | |
| | Person Who Received Transfer Number Street | | property transferred | | | <u> </u> | | |
| | | | property transferred | | | | | |
| | | | property transferred | | | <u>'</u> | | |
| | Number Street | Code | property transferred | | | | | |
| | Number Street | Code | property transferred | | | | | |
| | Number Street City State Zip | Code | property transferred | | | | | |
| | Number Street City State Zip | Code | property transferred | | | | | |
| | Number Street City State Zip Person's relationship to you Person Who Received Transfer | Code | property transferred | | | | | |
| | Number Street City State Zip Person's relationship to you | Code | property transferred | | | | | |
| | Number Street City State Zip Person's relationship to you Person Who Received Transfer | Code | property transferred | | | | | |
| | Number Street City State Zip Person's relationship to you Person Who Received Transfer | Code | property transferred | | | | | |
| | Number Street City State Zip Person's relationship to you Person Who Received Transfer Number Street | | property transferred | | | | | |
| | Number Street City State Zip Person's relationship to you Person Who Received Transfer Number Street City State Zip | Code | property transferred | | | | | |
| | Number Street City State Zip Person's relationship to you Person Who Received Transfer Number Street | | property transferred | | | | | |
| w | Number Street City State Zip Person's relationship to you Person Who Received Transfer Number Street City State Zip Person's relationship to you | Code | | elf-settled tru | exchange | | ou are a | beneficiary? |
| | Number Street City State Zip Person's relationship to you Person Who Received Transfer Number Street City State Zip | Code | | elf-settled tru | exchange | | ou are a | beneficiary? |
| | Number Street City State Zip Person's relationship to you Person Who Received Transfer Number Street City State Zip Person's relationship to you Vithin 10 years before you filed for bankru hese are often called asset-protection device | Code | | elf-settled tru | exchange | | ou are a | beneficiary? |
| | Number Street City State Zip Person's relationship to you Person Who Received Transfer Number Street City State Zip Person's relationship to you fithin 10 years before you filed for bankru hese are often called asset-protection deviced. | Code | | elf-settled tru | exchange | | ou are a | beneficiary? |
| | Number Street City State Zip Person's relationship to you Person Who Received Transfer Number Street City State Zip Person's relationship to you Vithin 10 years before you filed for bankru hese are often called asset-protection device | Code | | elf-settled tru | exchange | | ou are a | beneficiary? |
| | Number Street City State Zip Person's relationship to you Person Who Received Transfer Number Street City State Zip Person's relationship to you fithin 10 years before you filed for bankru hese are often called asset-protection deviced. | Code | | | exchange | | ou are a | |
| | Number Street City State Zip Person's relationship to you Person Who Received Transfer Number Street City State Zip Person's relationship to you fithin 10 years before you filed for bankru hese are often called asset-protection deviced. | Code | ı transfer any property to a s | | exchange | | ou are a | · |
| | Number Street City State Zip Person's relationship to you Person Who Received Transfer Number Street City State Zip Person's relationship to you lithin 10 years before you filed for bankruhese are often called asset-protection deviced. No Yes. Fill in the details. | Code | ı transfer any property to a s | | exchange | | ou are a | Date transf |
| | Number Street City State Zip Person's relationship to you Person Who Received Transfer Number Street City State Zip Person's relationship to you fithin 10 years before you filed for bankru hese are often called asset-protection deviced. | Code | ı transfer any property to a s | | exchange | | ou are a | Date transf |

Debtor 1 Aaron Case 16-28695 BDoc 1 Filed 09407/16 Entered 09407/16 Abrid 6 Abrid 6:17 Desc Main

Debtor 1 Aaron Case 16-28695 B Doc 1
First Name Middle Name Filed 09/07/16 Entered 09/07/16/17:36:17 Desc Main Document Page 44 of 62

Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

| 20. | or tr Inclu | ansferred? de checking, savings, m | | any financial accounts or instrumcial accounts; certificates of deposit; ss. | | | |
|-----|----------------|---|--------------|--|------------------------------------|--|--|
| | | No Yes. Fill in the details. | | | | | |
| | | | | Last 4 digits of account number | Type of account or instrument | Date account was closed, sold, moved, or transferred | Last balance before closing or transfer |
| | | Person Who Was Paid | | XXXX- | Checking Savings | | |
| | | Number Street | | | Money market Brokerage Other | | |
| | | City Sta | ate Zip Code | | Oulei | | |
| | | Person Who Was Paid | • | XXXX- | Checking | | |
| | | Number Street | | | Savings Money market | | |
| | | | | | Brokerage Other | | |
| | | City Sta | ate Zip Code | | _ | | |
| 21. | valu | ables? No Yes. Fill in the details. | , | ore you filed for bankruptcy, any s Who else had access to it? | Describe the conter | | Do you still have it? |
| | | Name of Financial Inst | titution | Name | | | ☐ No ☐ Yes |
| | | Number Street | | Number Street | | | |
| | | City Stat | re Zip Code | City State Zip | Code | | |
| 22. | Have | | • | other than your home within 1 ye | ear before you filed for bankrupto | cy? | |
| | | No Yes. Fill in the details. | | | | | |
| | | | | Who else had access to it? | Describe the conter | nts | Do you still have it? |
| | | Name of Storage Faci | lity | Name | | | ☐ No |
| | | Number Street | | Number Street | | | Yes |
| | | | | City State Zip | Code | | |
| | | City Stat | e Zip Code | | | | |

| Debto | | Aaron Case 16-28695 BDoc 1 First Name Middle Name | Filed 09407/16 Entered 0940 Document Page 45 of 62 | 07 41.6 447ം36: <u>17 Desc Maiı</u> 2 | 1 |
|------------|---------------------------------------|--|---|---|-----------------|
| Part 9 | | Identify Property You Hold or Contro | | | |
| 23. [| | you hold or control any property that someor | ne else owns? Include any property you borr | rowed from, are storing for, or hold in tru | st for someone. |
| Ŀ | $\stackrel{\boldsymbol{d}}{=}$ | No Yes. Fill in the details. | | | |
| | | | Where is the property? | Describe the contents | Value |
| | | Owner's Name | Number Street | | |
| | | Number Street | | | |
| | | | | | |
| | | | City State Zip Code | | |
| | | City State Zip Code | | | |
| Part 1 | | Give Details About Environmental I | ntormation | | |
| For th | ne p | urpose of Part 10, the following definitions apply: | | | |
| • | h | invironmental law means any federal, state, or loca azardous or toxic substances, wastes, or material cluding statutes or regulations controlling the clea | into the air, land, soil, surface water, groundwate | | |
| | | ite means any location, facility, or property as defingular used to own, operate, or utilize it, including dispo | | w own, operate, or utilize it | |
| - | | lazardous material means anything an environmer | | s substance, | |
| _ | | xic substance, hazardous material, pollutant, con | | | |
| Repo | rt a | ll notices, releases, and proceedings that you know | w about, regardless of when they occurred. | | |
| 24. H | las | any governmental unit notified you that you | may be liable or potentially liable under or in | n violation of an environmental law? | |
| | ✓ | No | | | |
| L | _ | Yes. Fill in the details. | Governmental unit | Environmental law, if you know it | Date of |
| | | | | | notice |
| | | Name of site | Governmental unit | | |
| | | Number Street | Number Street | | |
| | | | City State Zip Code | | |
| | | City State Zip Code | | | |
| 25 L | Jav | e you notified any governmental unit of any r | ologeo of hazardous material? | | |
| 23. r r | iav | No | elease of Hazardous Haterial: | | |
| | $\stackrel{\mathbf{\check{=}}}{\Box}$ | Yes. Fill in the details. | | | |
| | | | Governmental unit | Environmental law, if you know it | Date of notice |
| | | | | | |
| | | Name of site | Governmental unit | | |
| | | Number Street | Number Street | | |
| | | · | City State Zip Code | | |
| | | City State Zip Code | | | |
| | | | | | |

| Debtor | Aaron Case 16-28695 BDoc 1 First Name Middle Name | Filed 09/07/16 Entered 09/07/16 Document Page 46 of 62 | |
|---------|---|--|---|
| 26. H | lave you been a party in any judicial or administra | ative proceeding under any environmental | law? Include settlements and orders. |
| [| No Yes. Fill in the details. | | |
| L | res. Fill in the details. | Court or agency | Nature of the case Status of the |
| | Case title | | case |
| | | Court Name | Pending |
| | Case number | Number Street | On appeal |
| | Case number | | Concluded |
| | | City State Zip Code | |
| Part 11 | Give Details About Your Business or | Connections to Any Business | |
| 27. V | Vithin 4 years before you filed for bankruptcy, did | | |
| | A sole proprietor or self-employed in a trade, A member of a limited liability company (LLC | profession, or other activity, either full-time or p | art-time |
| | A member of a limited liability company (LEC | y or inflited liability partiership (EEF) | |
| | An officer, director, or managing executive of An owner of at least 5% of the voting or equit | • | |
| г | No. None of the above applies. Go to Part 12. | y securities of a corporation | |
| | Yes. Check all that apply above and fill in the detail | s below for each business. | |
| | | Describe the nature of the busines | Employer Identification number Do not include Social Security number or ITIN. |
| | | _ | EIN: |
| | Business Name | | |
| | Number Street | Name of accountant or bookkeepe | Dates business existed |
| | City State Zip Code | | FromTo |
| | | | |
| | | Describe the nature of the busines | Employer Identification number Do not include Social Security number or ITIN. |
| | Business Name | | EIN: |
| | Number Street | | Dates business existed |
| | Number Street | Name of accountant or bookkeepe | r |
| | City State Zip Code | | From To |
| | | | |
| | | Describe the nature of the busines | Employer Identification number Do not include Social Security number or ITIN. |
| | | _ | EIN: |
| | Business Name | | |
| | Number Street | Name of accountant or bookkeepe | Dates business existed |
| | City State Zip Code | | From To |
| | | | |
| | | | |

| Debtor 1 | | <u>d 09/07/16 Entered</u> 09/07/116 /ଥନ୍-36: <u>17 Desc Main</u> ocument Page 47 of 62 | |
|----------|---|---|--|
| | ithin 2 years before you filed for bankruptcy, did you g editors, or other parties. | give a financial statement to anyone about your business? Include all financial institutions, | |
| ¥ | No Yes. Fill in the details below. | | |
| | | Date issued | |
| | Name | MM/DD/YYYY | |
| | Number Street | | |
| | City State Zip Code | | |
| Part 12 | : Sign Below | | |
| and | correct. I understand that making a false statement, | ffairs and any attachments, and I declare under penalty of perjury that the answers are true concealing property, or obtaining money or property by fraud in connection with a risonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. | |
| | /s/ Aaron Brown | • • | |
| | /s/ Aaron Brown Signature of Debtor 1 | Signature of Debtor 2 | |
| | /s/ Aaron Brown | | |
| Did | Signature of Debtor 1 Date 9/7/2016 | Signature of Debtor 2 | |
| ✓ | Signature of Debtor 1 Date 9/7/2016 you attach additional pages to Your Statement of Fin | Signature of Debtor 2 Date nancial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? | |
| ✓ | Signature of Debtor 1 Date 9/7/2016 you attach additional pages to Your Statement of Fin No Yes | Signature of Debtor 2 Date nancial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? | |

| Fill in this informa | ation to identify your cas | e: | | ., | |
|----------------------|----------------------------|-------------|----------------------|------------------|--|
| | | Duci | umem rage 40 | 01 02 | |
| Debtor 1 | Aaron | В | Brown | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | | |
| United States Ba | ankruptcy Court for the: | Northern | District of Illinois | | |
| | | | (State) | | |
| Case number | | | | | |
| (If known) | | | | | |
| | | | | | |

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Check if this is an amended filing

Desc Main

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

| 1. | For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below. | | | | |
|----|---|--|---|--|--|
| | Identify the creditor and the property that is collateral | What do you intend to do with the property that secures a debt? | Did you claim the property as exempt on Schedule C? | | |
| | Creditor's name: Description of property securing debt: | Surrender the property. Retain the property and redeem it. Retain the property and enter into a Reaffirmation Agreement. Retain the property and [explain]: | No. Yes. | | |
| | Creditor's name: Description of property securing debt: | Surrender the property. Retain the property and redeem it. Retain the property and enter into a Reaffirmation Agreement. Retain the property and [explain]: | No. Yes. | | |
| | Creditor's name: Description of property securing debt: | Surrender the property. Retain the property and redeem it. Retain the property and enter into a Reaffirmation Agreement. Retain the property and [explain]: | No. Yes. | | |
| | Creditor's name: Description of property securing debt: | Surrender the property. Retain the property and redeem it. Retain the property and enter into a Reaffirmation Agreement. Retain the property and [explain]: | No. Yes. | | |

| Debtor Aaron Case 16-28695 BDoc 1 First Name Middle Na | | Entered 09/07/16 17:36 Page 49 of 62 known) | :17 Desc Main |
|---|---|---|-------------------------------------|
| | | e known) | |
| art 2: List Your Unexpired Personal Prop For any unexpired personal property lease that you information below. Do not list real estate leases. Un unexpired personal property lease if the trustee doc | ı listed in Schedule G: Exec expired leases are leases t | hat are still in effect; the lease period | |
| Describe your unexpired personal property leas | ses | Will | the lease be assumed? |
| Lessor's name: | | | No Yes |
| Description of leased property: | | | |
| Lessor's name: | | H | No Yes |
| Description of leased property: | | | |
| Lessor's name: | | = | No Yes |
| Description of leased property: | | | |
| Lessor's name: | | | No Yes |
| Description of leased property: | | | |
| Lessor's name: | | 늗 | No Yes |
| Description of leased property: | | | |
| Lessor's name: | | | No Yes |
| Description of leased property: | | | |
| Lessor's name: | | 늗 | No Yes |
| Description of leased property: | | | |
| art3: Sign Below | | | |
| Under penalty of perjury, I declare that I have ind that is subject to an unexpired lease. | dicated my intention about | any property of my estate that secure | es a debt and any personal property |
| ✗ /s/ Aaron Brown | | × | |
| Signature of Debtor 1 | | Signature of Debtor 1 | |

Date 9/7/2016

MM/DD/YYYY

Date

MM/DD/YYYY

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy,

and

Your debts are primarily consumer debts.

Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of the Bankruptcy Code:

- Chapter 7 Liquidation
- Chapter 11 Reorganization
- Chapter 12 Voluntary repayment plan for family farmers or fishermen
- Chapter 13 Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7: Liquidation

| | \$245 | filing fee |
|---|-------|--------------------|
| | \$75 | administrative fee |
| + | \$15 | trustee surcharge |
| | \$335 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

- most taxes;
- most student loans;
- domestic support and property settlement obligations;

Case 16-28695 Doc 1 Filed 09/07/16 Document

- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft;
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form — the Chapter 7 Means Test Calculation (Official Form 122A-2). The calculations on the form— sometimes called the Means Test—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

Entered 09/07/16 17:36:17 Desc Main Page 51 of 62

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

| | \$1,167 | filing fee |
|---|---------|--------------------|
| + | \$550 | administrative fee |
| | \$1,717 | total fee |

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes,
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

- If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.
- All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together - called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from:

http://www.justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit 20AndDebtCounselors.aspx

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. B 203 (12/94)

Case 16-28695 Doc 1 Filed 09/07/16 Entered 09/07/16 17:36:17 Desc Main UNITED STATES BANKRUPTCY COURT

Northern District of Illinois

| In re | Aaron B Brown | Case N | No. |
|-------|---|---|---|
| - | Debtor | | (If known) |
| | | Chapte | er Chapter 7 |
| | DISCLOSURE OF CO | MPENSATION OF ATTORNE | Y FOR DEBTOR |
| 1. | compensation paid to me within one year | Bankr. P. 2016(b), I certify that I am the attorned before the filing of the petition in bankruptcy, one debtor(s) in contemplation of or in connection | r agreed to be paid to me, for services |
| | For legal services, I have agreed to acce | pt | \$1,415.0 |
| | Prior to the filing of this statement I have | received | \$0.0 |
| | Balance Due | | \$1,415.0 |
| 2. | The source of the compensation paid to n | ne was: | |
| | Debtor | Other (specify) | |
| 3. | The source of the compensation paid to n | ne is: | |
| | Debtor | Other (specify) | |
| 4. | I have not agreed to share the above members and associates of my law to | -disclosed compensation with any other person irm. | unless they are |
| | | closed compensation with a other person or pers m. A copy of the agreement, together with a lis on, is attached. | |
| 5. | | ave agreed to render legal service for all aspect ituation, and rendering advice to the debtor in de | |
| | b. Preparation and filing of any petition | on, schedules, statements of affairs and plan w | hich may be required; |
| | c. Representation of the debtor at the | e meeting of creditors and confirmation hearing, | and any adjourned hearings thereof; |
| 6. | By agreement with the debtor(s), the above | ve-disclosed fee does not include the following | services: |
| | | | |
| | | CERTIFICATION | |
| | I certify that the foregoing is a complete st debtor(s) in this bankruptcy proceedings. | atement of any agreement or arrangement for p | payment to me for representation of |
| | 9/7/2016 | /s/ Elizabeth Placel | ĸ |
| _ | Date | Signature of Attorne | у |
| | | Semrad Law Firm | |
| | | Name of law firm | |

Case 16-28695 Doc 1 Filed 09/07/16 Entered 09/07/16 17:36:17 Desc Main UNITED STATES BANKBURTCY GOURT Northern District of Illinois

| In re: | Brown, Aaron B | Case No. | |
|--------|--|---|---------------------------------|
| _ | Debtor(s) | Cuco No. | |
| | | Chapter. | Chapter7 |
| | VERIFICATIO | N OF CREDITOR MATRIX | |
| | The above named Debtors hereby verify that the | ttached list of creditors is true and correct | to the best of their knowledge. |
| | | | |
| Date: | 9/7/2016 | /s/ Brown, Aaron B | |
| | | Brown, Aaron B | |

Signature of Debtor

1ST FINL INVSTMNT FUND 3091 GOVERNORS LAKE DR PEACHTREE CORNERS, GA 30071 LISA

NATIONWIDE CREDIT & CO 815 COMMERCE DR STE 270 OAK BROOK , IL 60523 USA

TROJAN PROFE P.O. BOX 1270 LOS ALAMITOS , CA 90720 USA

M3 Financial Services 10330 Roosevelt Rd #200 Westchester , IL 60154 USA

M3 Financial Services 10330 Roosevelt Rd #200 Westchester , IL 60154 USA

AARON SALES & LEASE OW 1015 COBB PLACE BLVD NW KENNESAW , GA 30144 USA

Northwestern Medical Group 26609 Network place Chicago , IL 60673 USA

Loyola Univeristy Health Systems 2160 S. First Ave Maywood , IL 60153 USA

West Lake Hospital 1225 w lake st Melrose Park , IL 60160 USA

| Fill in this info | Case 16-28695 | Doc 1 Filed 09 | | 09/07/16 17:36:17 | Desc Main |
|---------------------------------|--|--------------------------|------------------------------|---|------------------------------------|
| Debtor 1 | Aaron | В | Brown | | |
| | First Name | Middle Name | Last Name | _ | |
| Debtor 2 (Spouse, if filing) | ng) First Name | Middle Name | Last Name | - | |
| United States | Bankruptcy Court for the: N | orthern | District of Illinois | | |
| Case number (If known) | | | (State) | _ | |
| | Form 106Dec | | | | Check if this is ar amended filing |
| Declara | ation About an I | ndividual Del | otor's Schedu | es | 12/15 |
| panel | n Below pay or agree to pay someone | who is NOT an attorney | to help you fill out bankrup | tcy forms? | |
| ✓ No | | | | | |
| Yes. | . Name of person | | Attach Bankruptcy Pe | tition Preparer's Notice, Decla rm 119). | aration, and |
| 111 | enalty of perjury, I declare th | at I have read the summa | rv and schedules filed with | this declaration and | |
| | y are true and correct. | | | | |
| that they | | Buon | × | of Debtor 2 | |

| Debtor 1 | Case 16-28695 First Name | B Doc 1 | Filed 09/ Docum | /07/16 Brown LENLame | Entered 09/07/16 17:36:17 Page 59 of 62 number (if known) | Desc Main |
|---|--|--|----------------------------------|----------------------------|--|---|
| | hin 2 years before you filed for ditors, or other parties. | bankruptcy, c | lid you give a t | financial st | atement to anyone about your business? Ir | nclude all financial institutions, |
| ✓ | No Yes. Fill in the details below. | | | | | |
| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | Da | ate issued | | |
| | Name | | MN | M/DD/YYYY | | |
| | Number Street | | | | | |
| | City State | Zip Co | de | | | |
| | Landa and Alleria | | | | | |
| I hav | correct. I understand that maki | ng a false sta | tement, conce | aling prop | cachments, and I declare under penalty of pe erty, or obtaining money or property by frau to 20 years, or both, 18 U.S.C. §§ 152, 1341. | d in connection with a |
| I hav | re read the answers on this Star correct. I understand that maki | ng a false sta up to \$250,00 | tement, conce | aling prop | | d in connection with a |
| I hav | re read the answers on this State correct. I understand that making truptcy case can result in fines /s/ Aaron Brown Signature of Debtor | ng a false sta up to \$250,00 | tement, conce | aling prop | erty, or obtaining money or property by frau to 20 years, or both. 18 U.S.C. §§ 152, 1341, | d in connection with a |
| and obank | e read the answers on this Star correct. I understand that make cruptcy case can result in fines /s/ Aaron Brown Signature of Debtor Date 9/7/2016 | ng a false sta up to \$250,000 | tement, conce 0, or imprisonr | ealing prop ment for up | erty, or obtaining money or property by frau to 20 years, or both. 18 U.S.C. §§ 152, 1341, Signature of Debtor 2 | d in connection with a 1519, and 3571. |
| I hav and o bank | e read the answers on this Star correct. I understand that making cruptcy case can result in fines /s/ Aaron Brown Signature of Debtor Date 9/7/2016 you attach additional pages to | ng a false sta up to \$250,000 1 Your Stateme | tement, conce 0, or imprisonr | ealing prop ment for up | erty, or obtaining money or property by frau to 20 years, or both. 18 U.S.C. §§ 152, 1341, Signature of Debtor 2 Date Individuals Filing for Bankruptcy (Official | d in connection with a 1519, and 3571. |

Case 16-28695 Doc 1 Filed 09/07/16 Entered 09/07/16 17:36:17 Desc Main Debtor Aaron Document Page 60 of 2e number (if 1 First Name Middle Name known) Part 2: List Your Unexpired Personal Property Leases For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2). Describe your unexpired personal property leases Will the lease be assumed? No Lessor's name: Yes Description of leased property: No Lessor's name: Yes Description of leased property: No Lessor's name: Yes Description of leased

No

Yes

No

Yes

No

Yes

property: No Lessor's name: Yes Description of leased property: Part 3: Sign Below Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease. /s/ Aaron Brown Signature of Debtor 1 Signature of Debtor 1 Date 9/7/2016 Date MM/DD/YYYY MM/DD/YYYY

property:

property:

property:

Lessor's name:

Lessor's name:

Lessor's name:

Description of leased

Description of leased

Description of leased

Case 16-28695 Doc 1 Filed 09/07/16 Entered 09/07/16 17:36:17 Desc Main UNITED SHAPES BANKEUPT CF COURT Northern District of Illinois

| In re: | Brown, Aaron B | Case No |
|--------|-----------------------------|---|
| | Debtor(s) | Case No. |
| | | Chapter. Chapter7 |
| | | RIFICATION OF CREDITOR MATRIX |
| The | e above named Debtors hereb | erify that the attached list of creditors is true and correct to the best of their knowledge. |
| Date: | 9/7/2016 | /s/Brown, Aaron B Proving Aaron B |
| | | Brown, Aaron B |

| Determine Whether the Means Test Applies to You 2. Calculate your current monthly income for the year. Follow these steps: 12a. Copy your total current monthly income from line 11. Multiply by 12 (the number of months in a year). 12b. The result is your annual income for this part of the form. 3. Calculate the median family income that applies to you. Follow these steps: Fill in the state in which you live. Fill in the number of people in your household. Fill in the median family income for your state and size of household. To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. | |
|--|---------------------------|
| 8.0.00 Source the semant if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: For your spouse 9.0.00 9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. 10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefit seceived under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total low. Total amounts from separate pages, if any. 11. Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column B. 12. Determine Whether the Means Test Applies to You 2. Calculate your current monthly income for the year. Follow these steps: 12a. Copy your total current monthly income for the year. Follow these steps: 12a. Copy your total current monthly income for the year. Follow these steps: 12b. The result is your annual income for this part of the form. 12c. Saculate the median family income that applies to you. Follow these steps: 13 Calculate the median family income for your state and size of household. 14. If in the state in which you live. 15 If in the state in which you live. 16 If in the median family income for your state and size of household. 17 In the state in which you live. 18 If in the median family income for your state and size of household. 19 If in the state in which you live. 10 In the state in which you live. 11. Calculate the median family income for your state and size of household. 11. In the state in which you live. 12. Line 12 is less than or equal to line 13. On the top of page 1, check box 1, There is no presumption of abuse. 19 In the state in the total for the page 1. Check box 2. The presumption of abuse is determined by Form 1224-2. | |
| For you For your spouse \$0.00 \$9.00 | |
| 8.Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. 1. On the control and other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received under the Social Secu | |
| Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below. Total amounts from separate pages, if any. 11. Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B. 12. Determine Whether the Means Test Applies to You 2. Calculate your current monthly income for the year. Follow these steps: 12a. Copy your total current monthly income from line 11. Multiply by 12 (the number of months in a year). 12b. The result is your annual income for this part of the form. 3. Calculate the median family income that applies to you. Follow these steps: Fill in the state in which you live. Fill in the median family income for your state and size of household. 15 fill in the median family income for your state and size of household. 16 fill in the median family income for your state and size of household. 17 fill in the median family income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. 19 How do the lines compare? 10 Line 12b is less than or equal to line 13. On the top of page 1, check box 1, There is no presumption of abuse. 10 Copy line 12 february to the form of abuse is determined by Form 122a-2. | |
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| 14b. Line 12b is more than line 13. On the top of page 1, check box 2, The presumption of abuse is determined by Form 122A-2. Go to Part 3 and fill out Form 122A-2. | |
| | |
| art 3: Sign Below | |
| By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct. | |
| Signature of Debtor 1 Signature of Debtor 2 | |
| Date 9/7/2016 Date 9/7/2016 | |
| Date 9/7/2016 MM/DD/YYYY Date 9/7/2016 MM/DD/YYYY | |
| If you checked line 14a, do NOT fill out or file Form 122A-2. If you checked line 14b, fill out Form 122A-2 and file it with this form. | |